14 April 2007
Chemist+Druggist
Weekly news for pharmacy
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C+D

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Scots get contract funding boost

Acquisitions lift Co-op profits

- UniChem – why we split from BAPW
- All the news from the Avicenna conference

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C+D

14 April 2007

Volume 297 No 7892

ISSN 0009-3033

Chemist+Druggist

www.dotpharmacy.com

Scotland gets funding boost for final stages of pharmacy contract

Scotland Contract preparation payment to be paid when specific tasks achieved by contractors

Ailsa Colquhoun

Scottish contractors are to receive extra funding to prepare for the rollout of the remaining two parts of their pharmacy contract.

The contract preparation payment will be paid when contractors carry out specific tasks required for the acute and chronic medication services, the Scottish Executive Health Department (SEHD) said. Scottish contract negotiator, the SPGC, is in talks with the SEHD over details of the scheme.

The announcement comes as part of the SEHD's remuneration package for community pharmacy for 2007-08. Arrangements include a 2 per cent uplift on last year's transitional payment regime, SEHD stated.

Minor ailment service and public health payments will remain at present levels. However the SEHD added that the MAS payment will be subject to a 2 per cent uplift in underpinning monthly amounts equivalent to that paid to contractors for end of March 2007 dispensings.

Infrastructure support payments will remain at £1,200 per contractor, SEHD advised. An additional £100 per month per contractor will become payable once they go live with AMS and CMS. One off £250 payments will also be available to contractors following the successful installation and operation of AMS and CMS, the SEHD added.

Other changes include a 2 per cent increase in payments for pharmaceutical model schemes for elderly and mentally ill patients to £100 per month.

SPGC is also discussing details of a scheme to incentivise use of e-claims.

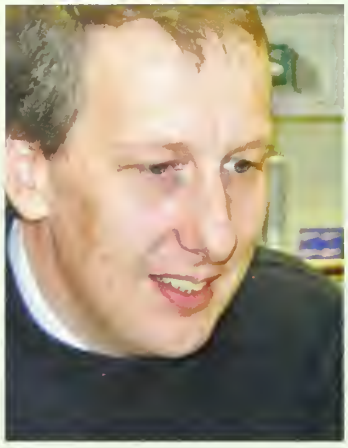
SPGC chief officer Harry McQuillan backed the remuneration arrangements. He said: "Rolling forward the transitional payment arrangements will ensure continuing stability during the current phase of the new contract negotiations. It is vitally important that contractors are supported in their preparation to deliver new AMS and CMS services."

Your views

"Contract implementation is a bit grey and fuzzy, and is only half delivered; perhaps it is taking longer than anyone anticipated. But, until the full impact is known, it is right that the transitional payments should continue.

"As for the IT side, I feel there is very little in the way of hard evidence that things either are – or aren't – in line for the AMS rollout later this year. It would be nice to know what stage things have reached."

Stuart Notman, Notman Pharmacy, Aberdeen



"It was always said that it would be a long process to implement so much change. Professionally, things are going great, although from the business point of view it is a bit frustrating to still have transitional payments.

"On the IT side, the SEHD is talking closely with the IT suppliers and is putting the money on the table so pharmacists are getting behind it. Suppliers say they are on track with the timelines.

"I am happy with the way things are going; I would rather that we do things properly and do it all together, rather than rush and end up with only pockets of excellence."

Noel Wicks, Fallin Pharmacy, Stirling

Are pharmacists in the NHS family? See p14

NI contractors get £2m pay rise

Northern Ireland Extra funding amounts to 7p extra per prescription item

Northern Ireland's pharmacy contractors are to receive a £2 million pay rise for 2007-08.

In real terms, the extra funding, which will be allocated to the region's 514 contractors, will mean a rise in the dispensing fee from £1.04 to £1.11 per prescription item, effective from April 1. It follows official concern about increased productivity and the need for adequate funding in the profession.

Dr Terry Maguire, a community pharmacist in Belfast, said he suspected the pay rise was a reaction to government dispensing predictions that had "gone awry". He said: "The issue of multiple dispensing was one the government was looking at. Clearly the global sum didn't accommodate productivity last year."

There was also a degree of scepticism on the ground as to the effectiveness of the pay rise.

Siobhan O'Reilly, pharmacist at Tempo Pharmacy in County Fermanagh, said: "I won't be retiring on it. For a small community pharmacy like ourselves it won't make much of a difference."

Commenting, health minister Paul Goggins said: "The extra £2m being invested in 2007-08 will ensure pharmacists continue to provide patients with the high quality service they expect and demonstrates the department's commitment to continue working closely with the profession as we move forward to implementing a new contract for community pharmacy."

A spokesperson for the Department of Health, Social Services and Public Safety (DHSSPS), said the £2m is not related to the ongoing contract negotiations. **AC**

Terry Maguire: pay rise a reaction to dispensing predictions "gone awry"

Siobhan O'Reilly: pay rise "won't make much of a difference"

UniChem delivers parting shot to BAPW

Wholesaling UniChem says BAPW 'out of step'

Details behind UniChem's decision to quit the BAPW have emerged this week with the firm's managing director slamming the association.

In a statement, David Coles said the BAPW's opposition to recent changes to drugs supply was "out of step" with current industry trends and "failed to represent the real long-term interests of its members by insisting on pursuing a battle against change in a changing world".

Eight members of the BAPW failed to secure an 11th hour high court action preventing Pfizer going through with its DTP scheme last month. **WYP**

David Coles and BAPW chairman Ian Brownlee have their say. See p12

Avicenna delegates spice things up during a break from business at the buying group's annual conference in Marrakech. The event outlined how pharmacy can play a bigger role in public health. See p44 for a full report

Co-op buys deliver profit boost

Multiples Pharmacy acquisitions key to 61 per cent rise in operating profit

Tom Hawkins

The Co-operative Pharmacy has been rewarded for its acquisitive drive in 2006 with a 61 per cent jump in profits.

The company, which is in advanced talks to merge with United Co-operatives, boosted year-on-year earnings by £9.8 million to £25.9m. Its existing pharmacy network delivered an extra £5.5m return while 73 sites acquired in 2006 made up the balance.

Revenues were up 16.4 per cent to £342m over the same period.

Managing director Neil Braithwaite, speaking exclusively to C+D, said while the group was concentrating on the potential merger it "remained focused on growing through acquisition and organically".

Already this year the Co-operative Pharmacy has added 21 stores from Alliance Boots and 12 Matthew Price pharmacies in South Wales from RLJ Consultancy.

Mr Braithwaite said the group is investing heavily in its estate, systems and people to embrace the service element of the contract. As a result, MURs reached target levels and prescription volumes increased by 4.6 per cent.

However, he called for stability from any review of the control of entry system to support contractors' efforts. "There's been a lot of change in a very short space of time. We'd like some stability to really deliver the return to the full – to take our point in primary care delivery and ensure the government gets what it wants," he said.

Mr Braithwaite added that the Co-operative Pharmacy would look to strengthen certain areas of its portfolio by moving closer to or within healthcare centres, although he emphasised that community pharmacy retained its crucial role.

More than 40 Co-op stores were refreshed with the Co-operative Pharmacy fascia in 2006 and 150 further locations will be revitalised this year. The remainder will be completed by 2010.

Mr Braithwaite added that the pharmacy business continued to explore crossover with the group's food retailing division on public health initiatives.

Medical charity steps into race for Boots

Multiples Wellcome Trust keen to look over the books with private equity partner

Shares in Alliance Boots edged higher this week after a fresh suitor emerged in the £10 billion battle to take control of the retail pharmacy giant.

Medical research charity Wellcome Trust and investment firm Terra Firma have teamed up to view the company's books. The partners have appointed Lehman Brothers as their financial adviser but have not decided whether to make an offer.

A spokesperson for the Wellcome Trust told C+D that it was in the "very early stages of discussion".

Alliance Boots declined to comment on bid activity.

The joint move follows speculation that Celesio, which owns AAH and Lloydspharmacy, is preparing a private-equity backed approach for its rival.

Boots has already agreed to open its books to deputy chairman Stefano Pessina and KKR.

Shares in Alliance Boots were up at 1,047p as C+D went to press. TH

News in brief

C+D Cut Carbon Challenge

It's Big AND it's Green

C+D's Big Green Survey is up and running – make sure you have your say at www.dotpharmacy.com – and get your name down for a chance to win £300. The countdown to the Cut Carbon Challenge has also started. Check out more when C+D's green month starts in the May 19 issue.

Galbraith review ready

The government has completed its review of control of entry regulations. Anne Galbraith, who led the review, is set to report her findings on the exemption system to ministers before wider publication, the DH told C+D.

NCSO update

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for April prescriptions: bisacodyl 5mg gastroresistant tablets; diamorphine 5mg injection ampoules; diamorphine 100mg injection ampoules; diamorphine 500mg injection ampoules.

Dementia aid launched

A helpcard to assist dementia patients cope with shops and other public services is being launched by the Alzheimer's Society. The cards bear the words 'I have dementia', 'I have memory problems' or 'I have Alzheimer's disease', and are intended to help shops and businesses including pharmacies increase awareness of dementia.

Stem cell benefit

Autologous stem cell treatment combined with high dose immunosuppression has eliminated the need for insulin in a small group of patients with newly diagnosed type 1 diabetes, according to a study report published in JAMA

For further information visit www.jama.com

News in brief

DH to improve hospices

The DH has pledged £40 million to upgrade hospices as part of its Dignity in Care for Older People programme. Nearly 200 projects within 146 hospices in England will get funding to improve facilities, increase access and provide IT to help older residents communicate with friends and relatives.

Patient choice

Health secretary Patricia Hewitt has outlined plans for a website to boost access to health information for patients from deprived areas.

The NHS Choices site, which goes live this summer, will include guides to living with long-term conditions such as diabetes. Resources will be available via radio, DVDs and free pamphlets to extend choice to poorer patients, the DH said.

For more information go to www.dh.gov.uk

NI drug addicts increase

Drug abusers registered on Northern Ireland's Drug Addicts Index 2006 increased by 27 per cent from 261 in 2005 to 288 in 2006. Nearly eight out of every 10 registered addicts were male, the DHSSPS research revealed. Thirty-four per cent were aged 29 and under. More than 75 per cent reported using heroin. Methadone (26 per cent) and cocaine (8 per cent) were the next most commonly reported drugs, the DHSSPS research claimed.

Rewards for quitters

Superdrug will reward smokers who try to give up between April 19 and July 1, when smoking will be banned in enclosed spaces in England. From April 19, every purchase of selected Nicorette products will come with a card that will be stamped as proof of purchase. After five stamps, quitters receive a £10 gift voucher. If they achieve 10 stamps, they will receive a further £25 voucher, Superdrug said.

Practice leaflet guidance

PSNC has issued guidance, including a template, for contractors wishing to update their practice leaflets. This includes mandatory content and the branding and font size to be used. For further information go to www.psnc.org.uk

Manufacturers undeterred by OFT distribution probe

Industry Companies continue to pursue distribution supply deals

Wesley Yin-Poole

The OFT's investigation into drugs supply in the UK will not stop leading medicine manufacturers pursuing plans to set up independent distribution deals.

In a statement responding to the OFT's announcement last week, AstraZeneca pledged to "continue to review our supply chain". The UK firm launched talks with distributors last December over proposals to take greater control over the supply of its medicines.

AZ said it was happy to assist with the OFT study, which will investigate the impact of recent manufacturer-led changes on competition, the NHS and patients.

Fellow pharmaceutical giant Novartis also appeared resolute in pursuing supply chain changes in the face of OFT scrutiny. The Swiss firm said it had no intention of delaying its interest "in understanding the potential of moving from its current wholesaling arrangements to a direct to pharmacy model of distribution on a fee for service basis".

Novartis announced its plans to consider a Pfizer style direct to pharmacy model last month.

It also said it was "looking forward to learning more of the scope of the OFT's market study and the particular areas that they will be examining".

The OFT said the companies were "free to carry on as usual" with supply chain reviews. The competition watchdog said it will only act on plans clearly breaching competition rules.

The Association of the British Pharmaceutical Industry (ABPI), which may submit evidence to the OFT's study, refused to be drawn on the issue. "That's their decision. It's up to individual companies," it said.

Scotland welcomes OFT investigation

The OFT's decision to launch a market study into the distribution of medicines in the UK has been welcomed in Scotland.

Harry McQuillan, CEO of the SPGC, said: "It is vital that the likely impact of such fundamental changes on Scotland's patients, the distribution network and the NHS in Scotland is fully understood."

Stewart Stevenson MSP, who last month met with Pfizer to discuss the deal, also came out in support of the move.

Harry McQuillan: vital the impact is understood

He said: "I sincerely hope that this OFT investigation will have an impact by preventing further drugs companies from pursuing similar deals in the future."

The OFT is due to report on the impact of manufacturer-led changes to medicines supply by the end of 2007.

Industry summit needed to discuss distribution change. See p21 ›

Smoking success: pharmacists at Boots in Calcot, Berkshire, received £100 in M&S gift vouchers from Berkshire West PCT's Stop Smoking Service for helping 40 people to quit. Store manager Deborah Smith (far right) said the team was passionate about helping people lead healthier lives in readiness for the smoking ban in England that comes into force on July 1

Munro picks up Alliance-Boots 'OFT' branches

Industry Pharmacy group buys Scottish sites sold under merger plans

Pharmacy retailer Munro Group has acquired 13 Alliance Boots pharmacies in Scotland as part of a deal said to be worth around £20 million.

The purchase boosts the East Kilbride-based company's pharmacy portfolio to 29. The Alliance Boots stores had been earmarked for sale as a condition of Boots' £7 billion merger with Alliance UniChem.

Together with the purchase of two further independent businesses, the deal signals Munro Group's blueprint to run 50 pharmacies by the end of 2008.

Munro group managing director John Cochrane said the deal will underpin the firm's full-line wholesale division.

He said: "People are not getting any younger, and there is a need for healthcare-related services. The market is changing and where there is change, there is opportunity." **AC**

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News in brief

Help tackle obesity

A toolkit has been launched by the National Heart Forum with the Faculty of Public Health and DH to help pharmacists develop strategies for tackling obesity in their locality.

Lightening the Load: Tackling Overweight and Obesity includes the latest Nice guidance, statistics, an obesity prevalence ready reckoner and patient assessment charts. It is available to download at www.dh.gov.uk/obesity

RPSGB branch meetings

The next two RPSGB Bradford branch meetings will discuss Errors in Pharmacy (April 18) and the English Pharmacy Board (May 15). Contact secretary Kevin Frost for details on 07932 723067.

The Leicestershire branch is holding an interactive law and ethics quiz after its AGM (April 17). The chairman's dinner takes place on April 27. Contact secretary Ian Bell for details on 0116 271 5057.

Government investment

The government will invest £9.5 million over five years in two research centres at St Mary's and Hammersmith NHS Trust and at King's College Hospital NHS Trust to investigate ways of improving patient care and enhancing safety.

In addition, 11 new biomedical research centres in London, Oxford, Cambridge, Liverpool and Newcastle will receive £486m to develop new ways to prevent, diagnose and treat major illnesses.

Prescriber conference

The Royal Pharmaceutical Society is running a one-day conference at the Sheraton Hotel, Schipol Airport, Amsterdam on Monday, June 11 to inform European colleagues about the independent prescribing experiences of UK pharmacists.

Training for carers

The College of Pharmacy Practice has approved its first medicines training course for carers.

A Carer's Guide to Handling Medicines, produced by pharmacist Ian Strachan of STR Training, is said to be an important step in raising the standards of medicines handling by carers.

Call 024 7622 1359 or email ian@collpharm.org.uk for details.

Boots fights back over GP Viagra claim

Practice Drug provided only after detailed consultation with patient, says retailer

Wesley Yin-Poole

Boots has strongly defended its pilot scheme to supply Viagra under a PGD after a GP said that those most at risk "may have the most reason to avoid telling the pharmacist their full medical history".

In a comment article that appeared in the Daily Mail newspaper last month, Dr Richard Vautrey slammed the scheme, which allows Boots pharmacists to provide the drug after a detailed consultation with patients.

Dr Vautrey, a GP in Leeds and a member of the British Medical Association's GP committee, questioned whether pharmacists could be sure they are being told the truth by patients who "fear what drugs they are on will cost them the chance of the drug they crave".

However, a Boots spokesperson told C+D: "Detection of underlying conditions is absolutely at the heart of the consultation protocol. There are far easier ways for a person to get Viagra for recreational use (eg the internet) than using our service".

Boots said it offered an "appointment based private service which requires a detailed consultation which takes place in a private room".

Boots launched the Viagra pilot scheme in three branches in Manchester in February for men aged between 30 and 65. An hour-long consultation plus a supply of four tablets costs £50. All customers are advised to book a follow up with a Boots-nominated GP before receiving additional Viagra supplies, Boots said.

Colchester Gazette

Drugs haul: Paul Breame, interim head of medicines for North East Essex PCT, sizes up a haul of more than £1,000 worth of drugs seized from the home of a pensioner couple in Tendring, Essex. The haul was taken away after a community nurse became concerned that the couple were not taking their medication properly, and were storing old, unused medicines

Migraine campaign group surveys patient medication

Survey Online study to calculate medicine misuse

Migraine campaign group Migraine Action Association has set up an online survey designed to identify how many patients fail to use or overuse their medications.

The survey is being conducted in conjunction with Migraine in Primary Care Advisers.

MiPCA chairman and King's College Hospital headache services director Dr Andrew Dowson said that overuse of acute medications is of growing concern, and that there is a danger of increasing comorbidities being reported.

Results of the analysis will be used to develop an educational campaign for Migraine Awareness Week from September 2 to 8.

• A small study by doctors at the City of London Migraine Clinic has revealed that oestrogen supplements may reduce migraines in women patients who experience migraines on the first full day of menstrual bleeding, or the previous day. **GMA**

Ibuprofen plus aspirin adds to osteoarthritis risk. See p28 ›

Trademark duel

Legal Ratiopharm loses appeal on similar name

The manufacturer of blood pressure medicine Felendil has lost a trademark dispute battle with sound-alike rival Plendil.

Ratiopharm lost its appeal against a Trademark Registry ruling that it cannot register Felendil as a trademark for pharmaceutical preparations, sanitary preparations for medical purposes or dietetic substances adapted for medical use.

Judge Geoffrey Hobbs QC backed a Trademark Registry Hearing Officer's ruling upholding Plendil manufacturer AstraZeneca AB's objection that there was a likelihood of confusion between the rival drugs. **UKL**

DH blueprint

Policy Main targets for 2008 identified

The Department of Health has pledged "cost-effective and timely" changes to pharmacy regulation in its 2007-08 business plan.

Richmond House outlined delivery of the recent professional regulation White Paper as one of its main targets next year. The White Paper included proposals to form a General Pharmaceutical Council alongside a Royal College leadership body.

The DH plans "stakeholder engagement and communications strategies" to support changes to healthcare worker regulation.

The DH will also publish a revised influenza pandemic response plan, the business plan revealed. Other key proposals include extra funding for schemes to tackle obesity and plans to reduce NHS deficits. **MG**

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Your letters

Increasing MUR numbers – is this sustainable?

As April has come upon us most pharmacists around the country are anxious to know what the MUR total will increase to. It may be as high as 500 if whispers are to be believed; that would be two a day non-stop for one year for most pharmacies.

This is somewhat achievable if you have not done many previously and have a good proportion of your patient base to work from. However, how do pharmacists who hit their 400 target last year tackle the year ahead?

I am one of these pharmacists and am proud to be part of a small minority that has taken advantage of the 400 MURs available last year.

I am a pharmacy manager of a typical pharmacy dispensing around 6,000 items a month, with a broad patient base. Towards the end of the 400, I was struggling to recruit patients, because they were either not suitable, not willing, or already done and not due for another yet.

After speaking to many of my colleagues who have conducted substantial numbers of MURs, I found that they had been experiencing similar problems and were concerned about the year ahead.

Before I explain the fundamental oversight in MURs, I would like to say that I feel the service is a very worthwhile and useful exercise. It allows pharmacists to build good relationships with patients, it enables pharmacists to discuss or reinforce important points regarding patients' medication and their usage, and also – with proactive GPs – helps to put some suggestions into practice. I very much feel every MUR I have done has been of some use to the patient, even if it is in just a small way.

It is indeed nice to make a major difference, for example I had one patient who was completely confused and was too proud to admit it to anyone else. However, through an informal discussion I discovered he was taking too many of one medication and too little of others, most at the wrong times of day.

If it was not for an MUR then maybe he would have been seriously ill before anybody had noticed. I made suggestions to the GP and now pack his medication for him in blister packs.

How many other pharmacists have seen poor inhaler technique and made suggestions for change or just changed bottle caps to non-child resistant ones so that patients can open containers more easily – the list is endless. All simple but effective points and real examples of why MURs were first introduced.

The problem is annual MURs; around 80 per cent of my MURs are simply advisory, but I still feel they are very useful to patients. However, since such a high proportion are advisory, an annual MUR cannot just be advisory again. You would be repeating yourself and, assuming that patients did not take it all in the first time, this is a disservice to this initiative and derogatory to patients. From experience, most people will not want to chat to you again, going over the same points.

With annual MURs, if you ask whether anything has changed since the last MUR and the answer is no, then should pharmacists go through it all again, assuming the patient has not taken it in before, or should we just leave it at that?

What else can you add if nothing has changed over the last year? The big question is how we achieve the next 400 or substantial numbers of MURs year on year?

I am trying to combine MURs with BP checks, peak flow readings and other quantitative measures such as BMI for diabetics and CHD patients, so I can compare results and give patients a reason to come for an annual MUR. Unfortunately most of these checks are done by surgeries anyway, so the majority of MURs are still advisory and this is not quantitative enough. Yes, there will be a small number of patients whose medication will have changed, but this will be the minority.

Levels are so high that pharmacists will see MURs as a hindrance

Like most pharmacists, I try to be as thorough as possible when conducting MURs, so covering obvious aspects such as checking the patient's knowledge and usage of their medicines and reinforcing points missed. Then I try to counsel and advise them on any possible side effects they need to be aware of, drug or food interactions, healthy lifestyle advice, and to see whether they take any OTC products, vitamins or herbal remedies.

There are plenty of materials and advice on how to do them, but how can we make them last? If we can find answers to this question then this will not only act as an incentive for pharmacists who have done many, but help to encourage the majority that MURs are here to stay. Otherwise there will be greater disillusionment among pharmacists and the service will have run its course in the next few years.

We are still all learning and adapting to the challenges of the new contract, however getting little guidance from the major bodies on annual MURs. I have spoken to the PCT, PSNC, LPC and NPA and had no answer that fills me with confidence – just that there's plenty of other patients, not many have 400 yet so don't worry, or there will be enough patients with medication changes each year to keep you going.

The levels are so high that pharmacists are in danger of not achieving them and with the paperwork and time involved they will see them as a hindrance and not an exciting new challenge. MURs are certainly a big topic of conversation in pharmacy at present. However, the focus is so much on the quantity of MURs that quality may well suffer and other new services will get little or no priority.

Continued pressure from employers does not help matters as we can all see the growing amount of revenue being lost at present.

I feel the levels should be around 100 to 150, so that there may be a chance of hitting this target year on year, and for MURs not to be seen as a burden but a part of normal pharmacy life. This will therefore enable pharmacists to embrace other aspects of the new contract and ever increasing prescription numbers. The extra revenue should be put into minor ailment schemes, patient group directives, and smoking cessation services to name but a few.

I very much hope this subject does not fall on deaf ears and that pharmacists and influential bodies within pharmacy have a discussion on the matter, otherwise we risk losing more redistributed money that is rightfully ours.

Narinder Hayer
Dean & Smedley Pharmacy
Measham, Derbyshire

Are MURs sustainable? Email your views to C+D at haveyoursay@cmpmedica.com

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© CMP Information Ltd Chemist + Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter Published Saturdays by CMP Information Ltd, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE C+D on the internet at: http://www.dotpharmacy.com/

Subscriptions: (Home) £173 per annum; (Overseas & Eire) $412 per annum. Single copies C+D £3.50 (postage extra). Extra Price List for subscribers: £16 per single copy; for non-subscribers: £55 per single copy. Subscription plus additional Price List: UK £173 plus £120; overseas: $412 plus $205.

Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF. Tel: 01858 468811 Fax: 01858 434958

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Your views

Is there a pharmacist in the House?

Our new monthly columnist Sandra Gidley goes back to her roots

For those of you who don't know me, my unique selling point is that I am the only pharmacist in the House of Commons. Our editor, in his infinite wisdom, has asked me to write a monthly column. It did occur to me that it might be fun to write a regular piece in grumpy old woman mode but I'm not quite sure that is what the editor had in mind.

Instead, in my first piece, I think I ought to indulge myself and tell you a little bit about me so that you will understand where I am coming from. My professional career has been purely in the community sector but when my children were young I went through an "earth mother" phase and became an antenatal teacher for the National Childbirth Trust. Those breathing and relaxation exercises still come in useful at stressful times in the Commons!

The political rot set in at the 1992 general election. I was at a party, chased a Lib Dem canvasser down the street to offer help and haven't looked back since. I won a by-election in 2000 and have managed to hold on to what was once the 50th safest Tory seat in the country by the skin of my teeth. So if you think the future of pharmacy is precarious then welcome to my world.

Pharmacy was actually a very good training ground for the life of an MP. I had to learn the public speaking skills but community pharmacists develop good interpersonal skills that stand you in good stead for dealing with angry constituents. Pharmacists are also detail people and this quality comes in very useful when scrutinising legislation,

After a spell when my portfolio was "women and older people" I am back doing what I love – health. I do this as a member of the Lib Dem health team and also as a member of the Health Select Committee. I'm also involved with a number of All-Party Groups including the pharmacy one, and I chair the eye health group.

All of this gives me a very different perspective on health matters from when I worked as a community pharmacist. The good news is that over the last seven years in Parliament I have noticed a gradual increase in the profile of pharmacy. We need to reach a state so that when services are being developed government automatically includes pharmacy and doesn't just bolt it on as an afterthought. That is why pharmacists should become much more involved in politics.

Currently there is much change in the profession and we need to work together to achieve the best for pharmacy and the public. I will do my bit but in future columns I shall be challenging you to do your bit too!

Sandra Gidley, pharmacist and Lib Dem MP

Your letters

UniChem has 'no option' but to withdraw from BAPW

It has become apparent that the British Association of Pharmaceutical Wholesalers's philosophy of resistance to change is completely at odds with UniChem's philosophy. In particular, UniChem has a very different approach to the need for change in the industry and how best to work with the implementers of it, in order to gain influence for the mutual benefit of all stakeholders.

It is our contention that the BAPW's approach is out of step with the current trends in the industry. It does not accord with UniChem's view of how the industry should move forward. The BAPW has failed to represent the long-term interests of members by insisting on pursuing a battle against change.

We have become frustrated by the stream of negative public comments about UniChem by the BAPW. I believe that such comments are most inappropriate. It is difficult to see what real interests of customers or patients have been served by the BAPW's recent actions. Furthermore, we believe the way UniChem has been treated by the BAPW in recent months is unacceptable. For example, it is not a good use of our membership fee to be paying for 'closed door' strategy discussion meetings which excluded us.

UniChem has been extremely supportive of the BAPW in the past; I was chairman from December 2005 to October 2006. I have always been pleased to work in co-operation with other members to initiate positive change for us, our customers and patients. But we feel the organisation has lost its way. We are disappointed by the way the BAPW has failed to represent UniChem's view in recent months, and find ourselves at odds with its resistant approach to change. This has left us with no option but to withdraw UniChem's membership.

UniChem remains committed to supporting independent pharmacy and believes patient safety is of paramount concern to its customers and patients. We will continue to adhere to extremely stringent supply chain standards and to work closely with pharmaceutical manufacturers to investigate solutions that help to ensure the highest possible level of supply chain security.

We believe there are many benefits from forging closer links between key healthcare stakeholders. UniChem will continue to facilitate shared working throughout the supply chain for the benefit of all, including pharmacy and patients. I hope in time the BAPW will change its position and begin to appreciate that such a resistant response to change will never lead to a bright future for the sector.

David Coles, managing director, UniChem

UniChem has role to play

We are very disappointed to hear UniChem's views. BAPW does not wish UniChem to leave the Association, particularly at this important time. Irrespective of competitive pressures in the market, BAPW has given UniChem the opportunity, both before and after the announcement of the new Pfizer distribution arrangements, to share its vision for the future with the Association's members. These opportunities have not been taken up – even though UniChem has been present at all BAPW Council meetings.

BAPW has not turned its back on change, for example only two weeks ago our Council discussed a broader role for BAPW in the future – separate from individual company actions.

However, because of the different needs of the various stakeholders, BAPW wanted a considered and co-ordinated approach to change in the distribution system. We consider the OFT inquiry into the supply chain for pharmaceuticals allows us this opportunity. We hope UniChem will think again and continue to play an active role in BAPW's input into this inquiry, with us and other partners in the UK's supply chain. It would also be helpful if no further changes took place in the distribution system while this investigation takes place.

Ian Brownlee, chairman, BAPW

SALIVATION

FOR DRY MOUTHS

120 million prescriptions a year cause dry mouth.[1] That's a lot of people. And, now there's something you can do about it, a massive medicine usage review opportunity for your pharmacy.

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Comment from the editor

Pharmacists need to feel part of the family

As pharmacists recover from the Easter rush, which for many has overtaken Christmas as the busiest time of the year (why?), the news agenda this week has turned to hard cash.

Scotland has set out the community pharmacy funding arrangements for the coming year. A 2 per cent uplift, ongoing transitional payments and the possibility of money to prepare for the two remaining contract services – the acute and chronic medication services. Contractors may be impatient with the speed of roll-out but it does look as if they will be rewarded with a fully integrated, IT supported and professionally rewarding future.

Meanwhile, in Northern Ireland – where a new pharmacy contract is still to appear – the health department has announced a £2 million uplift in pharmacy funding. This will be via a 7p increase in the dispensing fee – equivalent to £210 for a pharmacy dispensing 3,000 items per month. It's not exactly a windfall, but at least there is some recognition of the increased workload of contractors.

Conspicuous by its absence, however, is the funding detail for contractors in England and Wales for 2007-08. Last year's announcement was six months late, so perhaps this is to be expected.

However, while it's good to know that you will be paid more, contractors in England and Wales will probably be just as interested to see how the advanced tier of services develops. The contract was championed as a fluid entity where enhanced services would become advanced services and these in turn would migrate into the essential tier.

To date, other than increases in the number of MURs that pharmacists can achieve, there has been little movement of services. And judging by the views of some pharmacists (page 10), further increasing MUR targets could present its own problems. Perhaps the solution lies in combining enhanced services with MURs?

Much has been made of the developing role of pharmacists; the past couple of years have seen consultant pharmacists, special interest pharmacists and finally prescribing pharmacists. So it makes perfect sense to combine MURs with services such as smoking cessation, weight management, diabetes screening, in fact with the management of most chronic conditions. The benefit to patients and the NHS would be immense, and pharmacists would at last feel part of the NHS family instead of an afterthought. Enhanced services currently dependent upon the whim of a PCT's finance director will become firmly embedded in the contract.

It sounds simple but a significant barrier remains – our GP colleagues. The government wants to keep patients out of expensive hospitals and GPs have taken up the baton of practice-based commissioning to meet this aim and to help deliver the Prime Minister's 18-week treatment target. But until GPs are prepared (incentivised?) to delegate to pharmacists the routine management of patients with stable long-term conditions, will we see any meaningful development of pharmacy services?

A significant barrier remains – our GP colleagues

Your views

Are we liable to follow in the USA's footsteps?

Pharmacists need information fast before pseudoephedrine goes POM, says the CCA's CEO Rob Darracott

Given the physical, psychological, social and economic harm associated with methylamphetamine consumption, as experienced big time in the USA, we can't underestimate the serious nature of the MHRA's proposal to switch pseudoephedrine to Prescription Only, nor present anything other than a serious response back.

The UK does not have a methylamphetamine (meth) problem. The MHRA admits prevalence is low. The recent RSA report, Drugs – Facing Facts (www.rsadrugscommission.org) notes that a survey by the charity DrugScope "found no evidence yet of the promised eruption in the use of methamphetamine".

But anyone who saw the recent National Geographic programme on the corrosive effects of meth abuse will know that this is a particularly nasty drug. Sustained use is associated with schizophrenia and violent behaviour, and compulsive scratching leads to skin ulceration among misusers, whose loss of interest in personal hygiene also results in chronic gum disease and tooth decay. Not a pretty sight.

Added to that, the home production of quantities of meth from precursors like pseudoephedrine may be a relatively simple process, but it can be a dangerous one, with the risk of explosions and the release of toxic fumes providing a wider public danger.

So, what might constitute a 'serious' response? The CCA has been looking at how pharmacy has responded elsewhere in the world. In the USA, Canada and Australia, educational campaigns have focused the pharmacy workforce on what to look out for when selling pseudoephedrine and handling requests for the kit and chemicals that might be used to set up a lab. These programmes support legal restrictions on supply including, in some cases, requirements for ID when purchasing pseudoephedrine.

We can argue that the P category already provides a level of restriction in the UK for pseudoephedrine above that in the USA. But the MHRA's proposal suggests it does not trust pharmacy to get this one right. Millions who use pseudoephedrine may lose their trusted remedies.

One particular challenge is how to ensure that pharmacy as a whole is aware, and fast. Magazine articles, training packs posted to pharmacies – have their place. But with revalidation just around the corner, the time may be fast approaching where a robust process – which records who has seen/completed a programme – comes into its own. At the CCA, we are actively exploring whether an online awareness programme that has been used in the USA, Canada and Australia is one solution for the UK pseudoephedrine/meth issue.

We believe that only a joint all-embracing approach by pharmacy – a proactive awareness campaign, perhaps supplemented by a voluntary sales code, added to anything the industry might propose – will demonstrate to the authorities that, on this one, we can continue to deliver a safe and effective system.

Are you ready to join in?

Xrayser

NPSA's INR guideline is a non-starter

The NPSA has done excellent work in highlighting safety issues and introducing measures to address them, but some of its suggestions for pharmacists are, quite simply, pie in the sky.

Of course it would be a wonderful world where I checked every patient's INR reading before issuing their warfarin prescription (C+D, April 7, p5), and that 'simple task' could take up to 20 per cent of my working day. Of course the NPSA's suggestion makes no mention of payment because it doesn't bother with such practicalities.

Luckily the NPA has spoken out on my behalf to point out the numerous significant holes in this proposal that make it a non-starter. In the 60 seconds or so that I have to dispense each prescription there is no time to call the anticoagulant clinic. And has anyone at the NPSA ever tried calling a GP? I cannot countenance sending a frail elderly patient home without their prescription because I couldn't reach their GP to check their INR reading.

This idea attempts to shift the responsibility for anticoagulant monitoring onto pharmacists without giving us the tools to carry out the role effectively. Without payment and access to patient records, any attempt to bring in this new role would be a dreadful fudge.

Pharmacists are familiar with the yellow book and I may well refer to it as part of an MUR. This is a role I am paid for and one in which I can use my own discretion as to the relevance of INR readings. The last thing I need is to become an INR policeman. At least my role as a prescription charge exemption policeman does not have any direct health implications.

Of course something must be done to tackle the 120 deaths every year from anticoagulation errors but this isn't it. INR checking is a job for a computer. Why can't GP software link INR readings with prescription generation so that prescriptions cannot be generated unless the reading is within set limits? Until pharmacists have access to patient records we have no teeth in this and many other areas.

Who's considering the environment?

The timing of the OFT inquiry into drugs supply in the UK (C+D, April 7, p4) must mean it doesn't expect to stop manufacturers' direct to pharmacy supply arrangements or offer any significant support to short-changed pharmacies.

By the end of this year Pfizer's scheme will be fully established and a number of other manufacturers will probably have launched their own schemes. There will be no point trying to shut the gate in December because the horse will have well and truly bolted.

With C+D raising green issues with its Cut Carbon Challenge last week, I'm surprised that nobody has mentioned the environmental impact of so many more van journeys made to the same pharmacies.

The Pfizer scheme alone must have meant at least an additional 50 per cent more ethical goods delivery van journeys every day. Assuming that UniChem doesn't win the tender from the next manufacturer to 'go direct', there will be a whole lot more van journeys to make and more vans will be needed to meet the demand.

As if the roads weren't congested enough this new distribution model looks set to increase pollution even further. And let's not forget all the extra trees lost to produce all the additional paperwork.

Hospital Report

Acting responsibly

Many of you will be aware that the RPSGB has just completed a series of informal consultation meetings around the UK on the subject of the 'responsible pharmacist'.

Each registered pharmacy premises will have one responsible pharmacist (RP) with a statutory duty to secure the safe and effective running of the pharmacy and to establish, maintain and keep under review procedures. So far, so good. Or is it?

Who is the RP when two equally qualified pharmacists are present on the premises? Where does the superintendent pharmacist fit into this?

Contentious issues included the suggestion that a minimum level of experience would be required before a pharmacist could be an RP, which would effectively prevent a successful pre-reg going straight into any solo pharmacist position on qualification. Another was the maximum percentage of time the RP could be absent from the premises.

Contentious issues included the suggestion that a minimum level of experience would be required before a pharmacist could be a responsible pharmacist

How does this affect hospitals? Many hospital pharmacies are also registered premises. The biggest question is "who would be the RP?". The pharmacy manager is the obvious choice, but a heavy commitment of meetings means they may be unable to meet any absence requirements. A section manager is likely to be unhappy to take responsibility for another section's procedures. There can only be one RP and registering each section with the RPSGB would be prohibitively expensive and out of the question.

There is no easy, obvious solution – apart from deregistering the premises, and I don't think that the RPSGB would be too happy about that!

Written by a senior hospital pharmacist

Get **out of town**

The out-of-town one-stop health centre is on the up. But will this bring the house down on the wider pharmacy market? Max Gosney asks the experts

The right route? One-stop health centres will drive the government's push for patient choice, say supporters. Critics claim the one-stop model pulls the wheels off current pharmacy services

For

Name: **Andrew Murray**
Job: **Mr Murray is managing director at Assura Pharmacy, which runs 11 pharmacies colocated with GP surgeries in local health centres. The business forms part of the Assura Group, a FTSE 250 listed company that invests in primary care. Assura Pharmacy plans to open at least 30 pharmacies by the end of 2008.**

"I believe that integrated pharmacy offers a great opportunity to provide local communities with the services they require from state-of-the-art premises. Basing a pharmacy alongside other healthcare professionals helps pharmacists build strong relationships with GPs, nurses and PCTs with the aim of improving the patient experience and ultimately clinical outcomes.

"At Assura Pharmacy we have only made use of the 100-hour exemption once, this being for our pharmacy at Macclesfield. Since opening we have made great progress in terms of working in partnership with local health providers. The PCT had identified that there was a need for out-of-hours pharmacy and we are now providing this much needed service to the local community. This is a good example of where the 100-hour exemption has benefited patients.

"Being close to GPs gives health centre-based pharmacies an advantage in picking up acute prescriptions, but existing operators can still maintain a high volume of repeat prescription business as it is all about providing a convenient service for patients. There is a common misconception that when a health centre pharmacy opens other local operators will close. We have opened 11 new health centre pharmacies to date and not a single local pharmacy has closed as a result. In my opinion a consortium pharmacy is not always the best way to drive innovation in services. A pharmacy, like any other business, needs clear leadership and direction.

"A consortium pharmacy needs to have agreement from all of its shareholders to instigate change and this adds another level of complexity when looking to invest in premises and service development. We are happy to consider consortia options but will always do what we feel is in the best interests of patients.

"Ultimately this is about competition and people must embrace that. Competition will improve the quality of services to patients, which is what we should be focused on as pharmacy contractors. This is what Assura Pharmacy is all about."

Against

Name: **Kirit Patel**
Job: **Mr Patel is chief executive at pharmacy operator Day Lewis. The Croydon-based multiple runs more than 160 pharmacies, with a blueprint to reach 300 sites by 2011. Day Lewis pharmacies are typically based at the centre of local communities.**

"One-stop healthcare centres with a pharmacy run by a single company can have a devastating effect on the local community pharmacy network. The integrated primary care centre triggers a movement of GPs away from existing pharmacies to the out-of-town site. By pooling all the doctors under one roof you set up a distorted market as patients visit the GP at the health centre and go to the onsite pharmacy for convenience to pick up their prescription. The result is a critical loss of trade for the town's local pharmacies. These operators may maintain high levels of repeat prescriptions but even a small loss in acute trade could be devastating when all your other overheads remain the same. It's a no brainer. The business model will do the exact opposite of the government's vision of delivering patient choice in healthcare. It will result in some pharmacies going out of business and patients who do not own a car having to travel further to access NHS services.

"The pharmacy contract for a one-stop healthcare centre should be offered to a consortium of local contractors. This will protect the existing pharmacy network and provide an integrated pharmacy with services at the hub. I fear some companies see primary care centres purely as a property investment opportunity."

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References: 1. National statistics. The health of children and young people. http://www.statistics.gov.uk/children/downloads/asthma.pdf Accessed 19 March 2007. **2.** Beggs PJ. *Clin Exp Allergy* 2004; **34**: 1507-1513. **3.** United Nations Intergovernmental Panel on Climate Change. Climate Change 2007: The Physical Science Basis. **4.** Parikh A, Scadding GK. *BMJ* 1997, 314: 1392. **5.** Gupta R *et al. Thorax* 2007; **62**: 91-96. **6.** Mason P. *The Pharmaceutical Journal* 2003; 270 (29 March) http://www.pjonline.com/pdf/features/pj_20030329_hayfever.pdf **7.** Emberlin J *et al. Int J Biometerol* 2006; 51 181-191 **8.** http://www.allergyuk.org/art_hayfever.aspx **9.** Emberlin J. The National Pollen and Aerobiology Research Unit http://www.pollenuk.co.uk/News/jesummary.htm **10.** Jean Emberlin, National Pollen Research Unit http://216.239.59.104/search?q=cache:Hjfn-p9wzg4J:news.bbc.co.uk/1/hi/health/2721375.stm+Global+warming+hayfever&hl=en&ct=clnk&cd=1&gl=uk BBC News 4 February 2003.

Your views

Services for free

Pharmacists cannot be expected to provide extra services with no extra remuneration, says Andrew Murray

Since the introduction of the new pharmacy contract there has been much debate about the role that pharmacists play in the wider health economy. There is no doubt that pharmacy is an under-utilised resource and the changes in the contract have facilitated a shift in focus to service development supporting community health needs. While I am sure all would agree that service provision and the opportunities available to pharmacy under PBC are an exciting advancement, we are currently left with a harsh reality that there is limited funding available at PCT level to commission the services that our local communities need.

It is to be expected that in times of overspend services falling outside of 'essential' will not be approved but this is short termism at best and will only fuel increased costs in the future due to not meeting health needs now.

How many of us provide a professional service for no reward? How many other professions would provide a service for free? The fact is that we are often too quick to try and steal a competitive advantage when we should be unified through representation to fight for a fair level of remuneration for services delivered. The professional pharmacist sets themself apart in being prepared to provide services for free to a population where there is a need. While we can prevaricate about the additional benefits of getting customers through the door the reality is that many services provided are not funded and are at the cost of the pharmacy contractor.

There are many services where there is a clearly defined national agenda such as weight loss, smoking cessation and diabetes management.

There are many services that could, and should, be provided through pharmacies under a national framework with reimbursement from the centre instead of relying on services being commissioned under the 'enhanced' framework and hoping local PCTs will fund them. Not only would this mean that pharmacy was reimbursed fairly for services, it would also mean the services could be provided under a single set of guidelines and protocols instead of the possible 152 (total number of PCTs) a national operator could be dealing with for an enhanced service.

Money has supposedly been allocated for enhanced services but where is it? This simply just isn't working. The temptation for any PCT finance director in a time of fiscal difficulty is to re-allocate monies from non-essential services to fill the gaps. We have only one advanced service currently available – MURs. For the new contract to deliver for the communities we serve, we need a broader range of services to be provided under a national contract. Imagine a dentist being told the only service they can provide is a dental check. It wouldn't make any sense.

Yet we are in pharmacy with only one national advanced service. The fact is services provided in pharmacy have been proven to deliver significant cost savings to PCTs as well as improving access and outcomes for patients. Services should be free at the point of delivery but we should be unified in fighting for fair remuneration for the services we provide.

Andrew Murray is managing director at Assura Pharmacy

Wider public debate on delivery needed

The fuss which followed Pfizer's decision to unilaterally remodel the UK's long-standing medicines supply infrastructure has focused almost exclusively on commercial and competition issues. Patients, doctors or pharmacists' views have not been heard. No attempt has been made to involve them, or other interest groups (parliament for one) in a considered debate and there is a strong probability that an unplanned alternative will emerge to replace the present robust system for supplying medicines through full-line wholesalers and pharmacies.

The decision by the OFT to undertake a market study to consider the impact of the Pfizer deal on the NHS and patients confirms the safe and timely supply of medicines is of fundamental importance. Any major change needs consideration by a wide group of interests, from representatives of patient groups to pharmacists, doctors, legislators, wholesalers and the pharmaceutical industry itself.

Pfizer's initiative appears to have encouraged other major multi-national pharmaceutical companies to reconsider their supply route to patients. This raises very serious issues which must be properly considered:

- Should the means of medicine supply to the NHS be dictated by a small group of global pharmaceutical manufacturers?
- What effect on patient services will several different supply models, each specific to a particular manufacturer, have?
- Does the Department of Health need tighter controls over medicine pricing by the industry, given manufacturers' attempts to reduce discount to pharmacists?
- If a direct-to-pharmacy model is under consideration, what are the implications for patient safety, doctors, hospitals and pharmacists?
- Is it right, legal or ethical for a pharmaceutical company, using a crude quota system, to dictate how many packs of product a pharmacy is able to buy each month?

These questions simply cannot be left in the hands of commercial interests. The status quo has its imperfections and it would be foolish to argue that properly planned and managed change cannot be beneficial. To identify such benefits it is essential parliament, the DH, the media and the professions take the lead in organising full and unbiased discussions with all interested parties while at the same time the OFT carries out its work.

John Davies, retail services director, Mawsdsleys

OTC simvastatin is effective

The short news report about OTC simvastatin would appear to be discussing a recent pharmacist survey (C+D, March 31, p22). In fact the survey was conducted in 2004, soon after the introduction of simvastatin OTC, and is perhaps therefore more of a historical snapshot than a current appraisal.

It is reassuring to hear of the high coverage of training achieved but specific points need comment.

At launch the RSP was £12.99 but this was reduced in March 2006 to £7.99 in response to pharmacist consultation and feedback. Many outlets are choosing to supply at £5.99. This should minimise cost as a barrier to access for the OTC product.

The statement "..there was no evidence the 10mg dose would have any effect on cholesterol" reflects a myth. In fact there are over 20 published studies that document the effect of the OTC dose on cholesterol. On average the OTC dose reduces LDL cholesterol by 27 per cent; because the dose-response is nonlinear, 10mg provides 73 per cent of the reduction compared with that of the 40mg higher prescription dose at one quarter of the dose. This reduction is estimated to reduce 10-year risk of major CHD events by about one third (Law M et al. Br Med J 2003; 326: 1423-9).

Concerns that the product would be purchased only by the 'worried well' least likely to benefit are misplaced. The pharmacy protocol clearly identifies those at moderate risk of CHD who stand to benefit. In this regard primary prevention needs to target the 'well', as unfortunately in most cases the first sign of CHD is a heart attack.

Jerry Cottrell, director of clinical affairs, McNeil Ltd

Pharmacy Champions

Pharmacists leading the way

Name
Dilip Patel

Pharmacy
Nucare member Mirage Pharmacy, Handsworth, Birmingham

What has he done?
He runs several enhanced services in addition to a weight management clinic

What have you set up?
I offer a number of services, including EHC, minor ailments, repeat prescription collection and delivery, the supervised consumption of methadone and a weight management clinic.

There are two pharmacists on the Drug Action Team in Birmingham and the supervised consumption of methadone scheme has developed into one of the best in the country. If pharmacists are being asked to provide enhanced services, it's good to get their input on the LPC.

After a stuttering start, I've now sorted out the logistics to offer MURs. I completed 31 in February, 44 in March and so far 14 in April. I'm aiming to do 40 a month so I can reach my 400 target. My wife is my assistant and I've had to do a lot of housework to get her to help me! Seriously though, suitably trained staff help a lot.

I also offer a weight management clinic as a private service. I'm considering an add-on service to help patients maintain their weight loss afterwards. I'm also investigating a programme that retrains your body to increase its metabolism, which scientifically makes sense.

The most recent service that we've added is free pregnancy testing. I do the test and if it's positive I give them a pack that tells them about pregnancy and how to look after themselves while pregnant. I then direct them to an advisory service.

What have been the highs and lows of setting up the services?
The highs have been the extra personal, customer and staff satisfaction and the increased turnover. The best high has been how happy the patients are when they slim down on the weight management service.

The lows have been the time and training required and the ever-increasing pile of paperwork that goes with it, and the small remuneration for most of the services.

How have the patients and GPs reacted?
The patients have reacted positively, but we have not involved GPs or other health professionals as much as I would have liked because of time pressures on us and them.

Do you have any advice for others?
Just go for it. Don't wait for the right time – there's no such thing. I planned many of the services to perfection before I started and I regret wasting so much time. Learn as you go and strive for perfection, even though you'll never reach this stage because there is always room for improvement in every aspect of our lives. With the new pharmacy contract it is imperative to involve/engage and train your staff to their maximum potential.

Why do you think you have been successful?
In the case of the weight management service, because it works. The patients lose on average a stone a month and it makes them feel great. It's also a professional service, with regular weekly contact and the staff are involved, not just me.

Has offering the new services improved your job satisfaction?
Yes. They add variety to the job. But the best thing is to see how great the customers on the weight management programme feel as they shed the pounds, and the smiles on their faces.

What are your hobbies?
Playing snooker with my son – he beats me every time. Bowling and cricket. I'm also a Star Trek fan and I've been to a number of conventions,

including one in Hyde Park, London and one in Las Vegas. I love going to the cinema and enjoy positive motivation seminars.

If you were in charge of pharmacy for just one day, what would you change?
The single most important thing that I feel would have the greatest impact on independent pharmacists being able to deliver on the new contract would be to provide financial support by way of a second pharmacist, especially to 'one man bands' like myself, who have little back shop support.

The two treatment rooms and consultation areas have enabled the pharmacy to increase the range of services on offer

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1 COMMON PROBLEMS

Q WHAT IS PLAQUE?

A Plaque is the name given to the film of bacteria that is constantly forming on teeth. It is soft and colourless and is difficult to see until it is quite thick.

Q WHAT CAUSES TOOTH DECAY?

A Plaque bacteria turn the sugars in food and drink into acids that attack tooth surfaces and dissolve enamel. With repeated acid attack the enamel will eventually break down, leading to the formation of holes or cavities in the softer dentine underneath.

Q WHAT CAN I DO TO PREVENT DECAY?

A Using a fluoride toothpaste and avoiding sugary snacks and drinks are your best weapons against tooth decay. Fluoride works by reinforcing the tooth enamel, rendering it more resistant to acid attack whilst at the same time helping to reverse the early stages of decay.

Q HOW DOES GUM DISEASE START?

A If plaque is allowed to build up, toxins are produced which can make the gums red and swollen, and they may bleed when brushed. This is known as gingivitis and is the first indication of gum disease. Regularly and thoroughly brushing the teeth and gums will help prevent gum disease.

Q WHAT IS TARTAR?

A If plaque is not regularly removed, it can become mineralised and hard. Then it becomes what we call tartar. Tartar accumulates over time and attracts further plaque, which sticks to the uneven surface of the teeth. Coffee, tea and tobacco can accumulate in tartar, resulting in discolouration of your teeth.

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C+D Clinical

Coping with cold sores

Topical antivirals may reduce the reservoir of virus in the nerves, but evidence is limited

Key points

- Trials have shown mixed results for antiviral creams, but they may reduce the length of an attack if used as soon as cold sore symptoms begin and may reduce the severity of future attacks.
- Combination preparations are unlikely to shorten attacks but may give symptomatic relief.
- Aciclovir and penciclovir creams are more expensive than the combination products, so the latter may be more cost-effective for occasional sufferers.
- Chronic sufferers may find it useful to keep antiviral creams ready to use at the first sign of an attack.
- For people whose attacks are triggered by sunlight, an ultraviolet-blocking agent is an effective prophylactic.

Alan Nathan

Cold sores (herpes labialis, oral herpes simplex) are difficult to treat; even systemic antiviral therapy has not proven particularly effective.[1,2] But although painful and unsightly, these recurrent virus infections around the lips are not normally serious and pharmacists can advise on limiting the number and severity of attacks. For clinical features, see Table 1 overleaf.

Treatment

A number of topical non-prescription products are available:

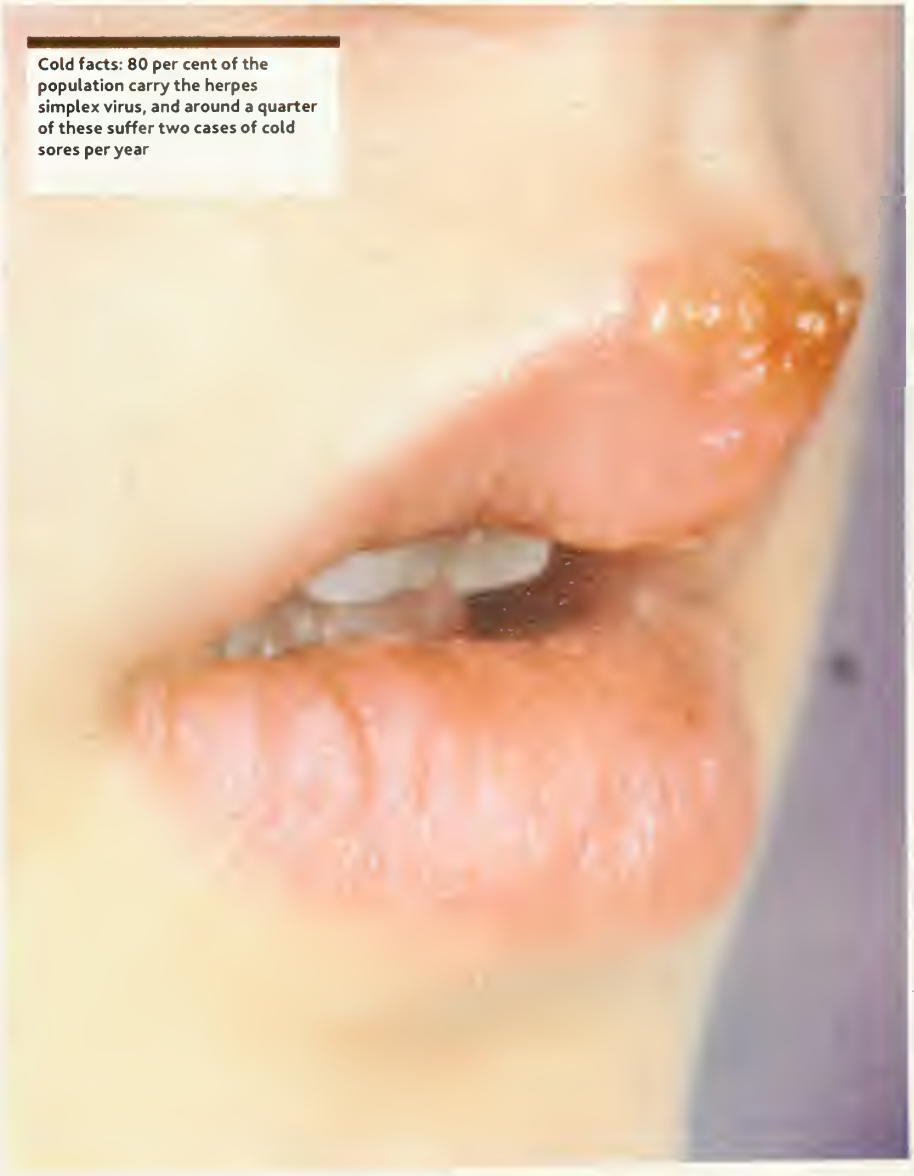
- creams containing the antiviral agents

Reflect

What is the rationale behind your decisions when recommending something for cold sores? Do you base your choice on the evidence base, manufacturers' claims or anecdotal evidence from customers, family, friends etc? Are your decisions logical? What other advice do you give on treatment and prevention?

Plan

This article describes the symptoms, signs and differential diagnosis of cold sores, how treatments work and their evidence base.



Cold facts: 80 per cent of the population carry the herpes simplex virus, and around a quarter of these suffer two cases of cold sores per year

St Bartholomew's Hospital/Science Photo Library

The College of Pharmacy Practice

This course (module 1402), in association with multiple choice questions being published in C+D May 5, provides one hour's continuing education

CPD

This article can help in the following CPD competencies: C1a, C1b, See www.tinyurl.com/194zu

aciclovir and penciclovir.
• Preparations containing antiseptics, astringents and local anaesthetics, intended to alleviate symptoms.

Aciclovir

Aciclovir is a synthetic analogue of guanine. Its spectrum of activity is specific to human pathogenic viruses that produce thymidine kinase, of which herpes simplex virus type 1 (HSV-1) is one.

The activity of aciclovir depends on its conversion by thymidine kinase within infected cells to aciclovir monophosphate, which is then converted by cellular enzymes to aciclovir triphosphate. Aciclovir triphosphate is incorporated by virus-specific DNA polymerase into viral DNA instead of the deoxyguanosine triphosphate required for DNA synthesis and replication. The DNA chain is thus terminated and replication cannot occur. Aciclovir also inhibits the virus-specific DNA polymerase by acting as a 'decoy' substrate.

It has been suggested that aciclovir cream may reduce the length of subsequent cold sore attacks by reducing the reservoir of virus in the nerve ganglia, although there is no evidence from clinical trials for this.

The manufacturers recommend that aciclovir cream should be used as soon as prodromal symptoms occur, to prevent progress of the sore, either stopping it altogether or limiting the severity of the attack. The cream should be applied five times daily, at four-hourly intervals, but omitting an application in the middle of the night.

Treatment should continue for five days. If healing is not complete, treatment can continue for a further five days. Patients should be referred to a doctor if lesions are not healed within three weeks.

Transient burning and stinging may occur following application, and a small proportion of patients experience erythema, itching or mild drying or flaking of the skin. Care should be taken not to get cream inside the mouth or in the eyes, as it irritates mucous membranes. Patients should take particular care not to touch their eyes as transfer of the virus can cause herpes keratitis, a serious and potentially sight-threatening infection.

Aciclovir cream is licensed for use in children and pregnant women, and is only contraindicated in those hypersensitive to the antiviral or to propylene glycol in the base. Use of propylene glycol enhances penetration of the antiviral, the manufacturer claims.

Penciclovir

Penciclovir is structurally related to aciclovir and has a similar mechanism of action.

The 3 per cent cream is applied at two-hourly intervals during waking hours and treatment should be continued for four days. It is not licensed for children under 12 years or for pregnant or breastfeeding women, but otherwise adverse effects and cautions are as for aciclovir cream.

Table 1: Clinical features of cold sores

Causes	Cold sores are caused by the herpes simplex virus type 1 (HSV-1). Transmission is through transfer of the virus via saliva to mucous membranes, eg by kissing. The infection is usually contracted in childhood; it may not manifest clinically for several years or at all, but the virus is never eliminated from the body. Following attacks, the virus regresses to the ganglia of the trigeminal and lumbosacral nerves, where it lies dormant until one of several trigger factors or lowered immunity allow it to break out again. Attacks are frequently triggered by the common cold, hence the common name. Outbreaks also often follow exposure to the sun, giving rise to the other common name, sun blisters. Other trigger factors include fatigue, stress, exposure to cold weather and wind, trauma around the mouth, and hormonal changes associated with the menstrual cycle.
Epidemiology	Cold sores are common: about 80 per cent of the population are asymptomatic carriers of the virus, and 20 to 25 per cent of these (about 8 million people) suffer, on average, two outbreaks per year.
Symptoms and signs	Outbreaks may begin with a prodromal phase of up to 24 hours before any visible signs appear, during which the area on or around the lips begins to tingle, burn or itch. Erythema then develops, followed by the formation of painful and irritating fluid-filled blisters on the lips and skin around the mouth, which break down into shallow, weeping ulcers within one to three days. The ulcers dry and form crusts, which are shed, and the area heals within a further two weeks. The total length of an episode is usually 10 to 20 days. In children, first attacks typically manifest as gingivostomatitis, with lesions all over the inside of the mouth and symptoms of systemic infection. If the first attack occurs in adolescence, it often manifests as pharyngitis, with lesions in the throat and symptoms similar to glandular fever.
Differential diagnosis	• Mouth ulcers: these occur on the mucous membranes and tongue inside the mouth, not on the outside of the lip and mouth. • Chickenpox: vesicles can occur both around the outside and inside the mouth, but they are also widespread on other parts of the body. • Impetigo: a bacterial skin infection, more common in children, that usually affects the face but can spread more widely. Lesions are itchy and not confined to the area round the lips, although they may first appear there. • Lip cancer: lesions develop slowly and are initially painless. • Primary chancre (a diagnostic sign of syphilis): a single, hard, painless ulcer appears on the lip, followed by swelling and hardening of lymph glands in the neck, then spreading to lymph glands elsewhere in the body. • Angular cheilitis: cracks occur at the corners of the mouth that become inflamed and macerated. It is most common in elderly denture wearers.
Who and when to refer	• young children and babies • atopic and immunocompromised patients • sores that do not heal within 14 days • painless sores • multiple sores • systemic symptoms • frequent attacks • any eye involvement. HSV in the eyes can cause herpes simplex keratitis, a potentially sight threatening infection.
Treatment	See main text.
Associated advice	• To prevent spread of infection to the eyes – patients should wash their hands after applying treatment; women should be careful when applying eye makeup. • To prevent spread of infection to others – people with cold sores should not share towels, face flannels, cutlery, etc. • For sufferers whose attacks are triggered by sunlight – an ultraviolet-blocking lip salve or high factor sunscreen is an effective prophylactic. • Keep the facial skin well moisturised.

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251-0055	VP125	Odourless Garlic Oil	2mg	180s	Caps	6	£2.49	£8.88
250-9743	VP156	Chewable Vitamin C	120mg	180s	Tabs	6	£2.49	£8.88
258-7343	VP378	Multi Vitamins & Minerals	OAD	90s	Tabs	6	£2.49	£8.88
251-0071	VP170	Vitamin E	100iu	90s	Caps	6	£2.49	£8.88
288-7040	VP941	Echinacea	400mg	90s	Tabs	6	£2.49	£9.30
288-7057	VP958	Ginkgo Biloba	6000mg	90s	Tabs	6	£2.49	£9.30
288-7073	VP013	St John's Wort	1000mg	90s	Tabs	6	£2.49	£9.30
288-7081	VP020	Glucosamine Sulphate	500mg	90s	Tabs	6	£3.99	£13.62
288-7099	VP037	Glucosamine Chondroitin	400/100mg	90s	Tabs	6	£3.99	£13.62
288-7115	VP051	Omega 3 Fish Oil	1000mg	90s	Caps	6	£3.99	£13.62

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Other treatments

Several compound preparations containing antimicrobial, local anaesthetic, counter-irritant and astringent constituents are marketed for the treatment of cold sores. As cold sores are self-limiting but uncomfortable and often painful, the main aim is to reduce discomfort while the infection takes its course. Constituents include:

- Local anaesthetics and analgesics, such as lidocaine, choline salicylate and phenol.
- Counter-irritants such as ammonia solution and menthol, which produce sensations of warmth and coolness respectively, and may mask discomfort.
- Astringents such as zinc sulphate and tannic acid, which precipitate proteins in the lesions and are presumably included to promote faster healing, although there is no evidence that they do this.
- Antimicrobials are presumably included to prevent secondary bacterial infections from complicating and prolonging attacks, although this rarely occurs.
- The bland cream bases of some products may also have a soothing effect.
- Lotions and gels with alcoholic bases may accelerate healing as they have a drying effect on the sores.
- A cold sore patch has been launched recently comprising a hydrocolloid dressing that is applied at the first sign of tingling and left on for eight to 10 hours. It is claimed to ease burning, reduce further contamination and help prevent scarring. On average 15 patches are needed for one outbreak.

Combination preparations are relatively innocuous, although repeated use of local anaesthetics can cause sensitisation. The cream formulations can be applied as frequently as necessary; the use of lotions and gels is, however, limited to three or four applications per day.

Evidence base

There is equivocal evidence of the effectiveness of topical aciclovir as a treatment for cold sores. Several clinical trials have shown little or no benefit of aciclovir over placebo in reduction of pain or itching, and little or no effect on shortening of the infection if used after lesions have appeared.[3-5]

Some trials have demonstrated a reduction of one or two days in the median time to healing if the cream is used from the first onset of prodromal symptoms, although the severity of symptoms was not reduced.[6] In one trial, lesions did not progress beyond the erythema stage in a small proportion of subjects treated with aciclovir, compared with none in the placebo group.[7]

Another trial found aciclovir cream to have no clinical advantage over placebo, although both were better than no treatment.[8] There is limited evidence that aciclovir cream is prophylactic against cold sore recurrence, but little proof that it protects against attacks caused by ultraviolet radiation, one of the most common triggers, although high-factor sunscreens have been found to provide effective protection.[1,9]

Clinical trials have shown that topical penciclovir is more effective than placebo[11] and as effective or superior to aciclovir in the treatment of herpes labialis.[10,12]

For references, go to www.dotpharmacy.com/dermatology

Alan Nathan, BPharm, BA, FRPharmS, is a pharmacy writer and consultant and visiting lecturer at King's College London. Some of the information in this article is based on material in his book, Non-prescription Medicines (3rd edition), published by the Pharmaceutical Press.

Continuing Professional Development CPD

Act

- From patients requesting a product for a cold sore, try to find out as much as you can about their condition. Record in your practice workbook:
  - how it started
  - trigger factors of the current attack
  - trigger factors in general
  - do they usually get prodomal symptoms?
  - how long the blister usually takes to clear
  - do they usually use medication to treat it?
  - if so which one and does it work?
  - how? By shortening or even aborting the attack?
  - anything else relevant.
- When you have about 25 responses, analyse these observations. Do they conform to facts stated in the text? These results may be insufficient, so, if necessary, continue recording until you have enough to make such an analysis reasonable.
- Revise the signs and symptoms of chicken pox and shingles.
- Search the web to see if you can find good evidence for the effectiveness of the relatively new penciclovir cold sore cream and the cold sore patch (hydrocolloid dressing).
- Revise the trigger factors that lead to an outbreak of cold sores. Make sure your medicines counter assistants are familiar with them and how they might be prevented.

Evaluate

- When you are asked to give advice on 'spots' on the face, are you now certain you can diagnose herpes simplex when you see it? Whenever you are asked for a diagnosis, are there some cases in which you are not sure? If so, what information do you need? Where will you find it?
- Are you sure your recommended treatment of the condition is the best or most suitable?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the May 5 issue, which will cover this week's CPP-accredited module, together with those in the April 7 and April 28 issues.

These will cover:

- Alzheimer's drugs (1401)
- Cold sores (1402)
- Childhood immunisation (1403)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

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A Practical Approach...

"Thanks for coming in to see me, Dave," says GP Mo Merali to David Spencer, pharmacist at the Update Pharmacy. "It's a complicated issue to discuss on the phone."

"That's OK," David replies. "What's it about?" "Well, in this practice we have a high rate of consultations with women for cystitis. Generally, we take an account of symptoms and if there appear to be no complications we prescribe a short course of trimethoprim – it's standard practice.

"This takes up a lot of our time and is something that you could do more or less as well as we can, so we were thinking that we might refer to you patients phoning for an appointment for cystitis. That would free up extra time for us to deal with patients with more serious conditions. What do you think?"

"I think I could do that. We get lots of requests for advice and treatment for cystitis ourselves. But trimethoprim is only available on prescription on the moment," David replies.

"Is there a way round that?" asks Dr Merali.

"I think so. But another problem would be supplying on the NHS; I don't think the PCT would be keen to set up a special arrangement to pay me for supplying the drug directly."

"I don't see that as too much of a problem," replies Dr Merali. "The majority of patients wouldn't be exempt from prescription charges, so you could sell it to them. And it seems to me you could make a reasonable profit and still undercut the NHS charge. As for those who don't pay, I'm hoping you can come up with an arrangement so they still wouldn't have to."

"It's an interesting project. I'll come back to you with my ideas in a few days," says David.

Questions

1. Is Dr Merali's idea feasible? If so, how could it be achieved?
2. Could David find a way of managing to supply without charge to patients exempt from NHS prescription charges?

Answers →

CPD

This article can help in the following CPD competencies: C1g, C4a, C4e, C5a. See www.tinyurl.com/194zu

Ibuprofen plus aspirin adds to risk in osteoarthritis

Ibuprofen may increase thrombotic events in high risk patients who have osteoarthritis, a study published in the Annals of Rheumatic Diseases suggests.

US researchers compared cardiovascular health in 18,000 osteoarthritis patients over 50 taking lumiracoxib (400mg a day), ibuprofen (800mg three times a day), or naproxen (500mg twice daily) over a one-year period.

In those at high cardiovascular risk who were taking low dose aspirin, there was a nine-fold increased risk of heart attack or stroke if they were also on ibuprofen compared with those taking lumiracoxib. There was no difference in risk for patients at low risk of cardiovascular disease.

Among high risk patients not taking aspirin, the rate of heart attacks or strokes was higher for those on lumiracoxib than it was for those on naproxen, but no higher than for those on ibuprofen.

The researchers said ibuprofen may interfere with the blood thinning properties of aspirin in patients at high risk.

"Owing to the over the counter availability of ibuprofen and naproxen, coupled with the scarcity of long-term NSAID clinical trials in high risk patients, the findings of this study have immediate relevance to patients with arthritis at increased cardiovascular risk.

"Further research concentrating on patients at high cardiovascular risk and on the aspirin–non-steroidal drug interaction is warranted," they concluded.

For more information:
Ann Rheum Dis, published online April 5, 2007

Methadone preferred for drug users

Methadone therapy is more clinically effective and cost effective than buprenorphine in dependent opiate users, an NHS Health Technology Assessment (HTA) has concluded.

But both treatments are better than no treatment at all and buprenorphine is linked with a lower risk of mortality, the University of Birmingham researchers said.

The HTA set out to identify whether maintenance therapy with methadone and buprenorphine was better than no treatment, which of the two was more effective and what costs were involved.

In a direct comparison, a flexible dosing strategy with methadone (daily dose equivalent 20 to 120mg) was found to be more effective in maintaining individuals in treatment than flexible-dose buprenorphine (daily dose equivalent 4 to 16mg).

In terms of cost, methadone cost £12,500 per QALY compared with no treatment, whereas the figure for buprenorphine was £30,000.

Comparing the two drugs head to head, methadone was found to be slightly cheaper and slightly more cost effective.

The researchers recommended that the apparent effectiveness of methadone should be balanced by the more recent experience of clinicians in the use of buprenorphine, the possible risk of higher mortality of methadone and individual opiate-dependent users' preferences.

They added that more research was needed on the safety and effectiveness of both drugs in the way they are delivered in UK healthcare.

For more information:
www.hta.ac.uk

A Practical Approach... this week's answers

1. Dr Merali's plan can be achieved by setting up a patient group direction (PGD) for trimethoprim. A PGD is a written direction enabling supply of a POM without prescription to a group of people meeting the criteria set down by specified health professionals, including pharmacists. PGDs to assist doctors to provide primary care NHS services are specifically allowed. The PGD would have to be drawn up by Dr Merali and David and approved by the PCT. Details of conditions and what must be included can be found in the RPSGB fact sheet: www.rpsgb.org/pdfs/factsheet10.pdf
2. Yes. In this situation, David could inform Dr Merali that he has supplied the drug and Dr Merali would then send a prescription. The ability to supply in this way would be written into the PGD, and would have to be approved by the PCT.

THE BIG DROP

Amlodipine and Valsartan join forces to deliver powerful BP reductions[1,2]

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Prescribing information can be found overleaf.

Exforge® ▼ (amlodipine besylate/valsartan)
UK abbreviated prescribing information
Presentation: Film-coated tablets of 5mg/80mg, 5mg/160mg and 10mg/160mg amlodipine and valsartan respectively. **Indications:** Treatment of essential hypertension in patients uncontrolled on amlodipine or valsartan monotherapy. **Dosage:** The recommended dose of Exforge is one tablet per day. Individual dose titration with the components (i.e. amlodipine and valsartan) is recommended before changing to the fixed-dose combination. When clinically appropriate, direct change from monotherapy to the fixed-dose combination may be considered. For convenience, patients receiving amlodipine and valsartan from separate tablets/capsules may be switched to Exforge containing the same component doses. Caution when increasing dosage in elderly. Not recommended for children. **Contraindications:** Hypersensitivity to the active substances, dihydropyridine derivatives or any of the excipients; severe hepatic impairment, biliary cirrhosis, cholestasis; severe renal impairment and patients on dialysis; pregnancy. **Precautions:** Use in sodium- and/or volume-depleted patients due to risk of hypotension. Caution in patients with hepatic impairment or biliary obstructive disorders (see contraindications); in patients with mild-to-moderate hepatic impairment without cholestasis, maximum recommended dose is 80mg valsartan. Concomitant use of potassium-sparing diuretics, potassium supplements or salt substitutes containing potassium may lead to increases in serum potassium. Monitoring of potassium and creatinine levels is advised in moderate renal impairment. Patients with primary hyperaldosteronism should not be treated with valsartan. Caution in patients with aortic or mitral stenosis, or obstructive hypertrophic cardiomyopathy. Heart failure patients: As a consequence of inhibition of the renin-angiotensin system, changes in renal function may be anticipated in susceptible patients; amlodipine has been associated with increased reports of pulmonary oedema in heart failure patients. Use while breast-feeding is not advisable. **Drug interactions:** Amlodipine: *Caution required*: CYP3A4 inhibitors which may increase plasma levels of amlodipine, and CYP3A4 inducers which may decrease plasma levels of amlodipine. Valsartan: *Not recommended*: Lithium due to increases in serum lithium seen with ACE inhibitors; Potassium supplements and potassium sparing diuretics. *Caution required*: NSAIDs which may attenuate antihypertensive effect, increase risk of worsening of renal function and increase serum potassium. Amlodipine/valsartan combination: *Take into account with concomitant use*: Other antihypertensive agents may increase the antihypertensive effect of the combination. **Side-effects:** *Common*: Headache, nasopharyngitis, influenza, oedema, pitting oedema, facial oedema, oedema peripheral, fatigue, flushing, asthenia, hot flush. *Uncommon*: Tachycardia, palpitations, dizziness, somnolence, dizziness postural, paraesthesia, vertigo, cough, pharyngolaryngeal pain, diarrhoea, nausea, abdominal pain, constipation, dry mouth, rash, erythema, joint swelling, back pain, arthralgia, orthostatic hypotension. *Rare*: Syncope, visual disturbance, tinnitus, pollakisuria, polyuria, hyperhidrosis, exanthema, pruritus, muscle spasm, sensation of heaviness, hypotension, hypersensitivity, erectile dysfunction, anxiety. Other additional adverse events reported in clinical trials with amlodipine monotherapy: The most commonly observed adverse event was vomiting. Less commonly observed adverse events were alopecia, altered bowel habits, dyspepsia, dyspnoea, rhinitis, gastritis, gingival hyperplasia, gynaecomastia, hyperglycaemia, impotence, increased urinary frequency, leucopenia, malaise, mood changes, myalgia, peripheral neuropathy, pancreatitis, hepatitis, thrombocytopenia, vasculitis, angioedema and erythema multiforme. Angina pain, cholestatic jaundice, AST and ALT increase, purpura, rash and pruritus can occur. Other additional adverse events reported in clinical trials with valsartan monotherapy: Viral infections, upper respiratory infections, sinusitis, rhinitis, neutropenia, insomnia. Altered renal function, especially in patients treated with diuretics or in patients with renal impairment, angioedema and hypersensitivity (vasculitis, serum sickness) can occur. **Legal Category:** POM **Packs:** Exforge 5/80 (EU/1/06/370/003), £16.44 per pack of 28 tablets. Exforge 5/160 (EU/1/06/370/011), £21.66 per pack of 28 tablets. Exforge 10/160 (EU/1/06/370/019), £21.66 per pack of 28 tablets. ® denotes registered trademark. Full prescribing information is available on request from: Novartis Pharmaceuticals UK Ltd, Frimley Business Park, Frimley, Camberley, Surrey GU16 7SR.Telephone (01276) 698370; Fax (01276) 698449. **Date of preparation**: January 2007.

Information about adverse event reporting can be found at www.yellowcard.gov.uk. To report an adverse event in a patient taking a Novartis drug please call (01276) 698370.

References: 1. Data on file (2307), Novartis. 2. Poldermans D et al. J Clin Hypertens 2006; 8 (Suppl.A): P-217.

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Combination regimen benefits in diabetes

A combination of repaglinide, metformin and bedtime neutral protamine hagedorn (NPH) insulin improves glycaemic control in patients with type 2 diabetes compared with conventional insulin initiation and is safe, say UK researchers.

A group of 75 patients with suboptimal glycaemic control were randomised to receive metformin and twice daily biphasic 30/70 human insulin mixture, metformin and bedtime NPH insulin or metformin, bedtime NPH insulin and mealtime repaglinide.

University of Southampton researchers reported that HbA1c fell from 9.0 to 7.9 in the patients on metformin and insulin, from 10 to 9.2 in those on metformin and NPH and 10 to 8.1 in those on the triple regimen.

There was no significant difference between groups in the proportions of patients experiencing hypoglycaemia or in mean weight gain at four months.

The group taking repaglinide, metformin and NPH insulin were on only 58.1 per cent and 63.8 per cent, respectively, of the insulin doses of the other groups. The regime also only requires a single insulin injection a day.

"If more convincing evidence towards targeting postprandial hyperglycaemia becomes available, such a combination would offer an attractive option for patients requiring insulin due to its simplicity and convenience," they concluded.

For more information:
Diabet Med, published online April 2, 2007

Elderly medicines review may cut costs

A home-based medication review carried out by a pharmacist reduces prescribing, results of a UK trial show.

A total of 136 elderly patients who were taking four or more medicines were visited on two occasions by a community pharmacist for the study, which was evaluated by researchers at the University of East Anglia.

The pharmacist educated the patient and carer about their medicines, noted any problems with looking after the medicines, assessed need for help with adherence, and subsequently met with the lead GP to agree an action plan.

The intervention resulted in a significant reduction in the average number of medicines prescribed.

The researchers also assessed whether the intervention could improve various clinical outcomes, but at six months no difference in hospital admissions, care home admissions or deaths were detected between groups.

Quality of life was not shown to improve with the intervention.

The researchers said the fact that the programme had reduced prescribing suggested medication reviews may lead to modest savings and was supported by other evidence. Future research should focus on whether such a prescribing effect would make this type of intervention cost effective, they concluded.

For more information:
Age Ageing, published online March 26, 2007

JBS-2 guidelines of 'low quality'

Current Joint British Societies guidelines for the prevention and treatment of cardiovascular disease contain serious deficiencies, are of low quality and should not be recommended for clinical practice, a GP study has concluded.

Dr Rubin Minhas, CHD lead for Medway and Swale PCTs and Nice advisor, compared the guidelines with internationally agreed criteria and found they scored less than 30 per cent on four of six criteria (more than 60 per cent suggests high quality).

Weaknesses highlighted by the review included stakeholder involvement, rigour of development, lack of consideration of cost implications and editorial independence.

Dr Minhas commented: "There is a danger guidelines such as JBS-2 may advocate costly interventions (such as screening all people over 40 for CVD) that are unaffordable or divert resources from more effective services."

For more information:
Int J Clin Prac, online March 26, 2007

In brief

Opportunistic chlamydia screening is not supported by evidence, warn researchers who say the national programme was rolled out before the balance of benefits and harms was fully understood. Dr Nicola Low, an epidemiologist at the University of Berne in Switzerland, said decision making in the UK had shown uncritical acceptance of the effectiveness of chlamydia screening in Sweden and the USA. Randomised controlled trials of proactive screening have shown rates of pelvic inflammatory disease can be halved but these findings cannot be translated to the current programme, Dr Low said.
BMJ 2007; 334: 725-28

A diet rich in fruits, vegetables and nuts protects against allergic rhinitis and asthma symptoms, a Greek study suggests. Analysis of the diet of 700 children showed a 'Mediterranean' diet also protected against skin allergy.

The science and technology select committee has called on the government to drop proposals for a ban on research on hybrid human-animal embryos. The research, which scientists hope would lead to treatments for conditions such as motor neurone disease and Alzheimer's, should instead be strictly regulated, the committee concluded.

The General Medical Council has announced funding for a £100,000 research project to investigate the prevalence and causes of errors in doctors' prescribing. Tenders will be accepted until May 9 for this first part of a three-phase study. The rationale is to find out more about links between education, training and poor prescribing.
www.gmc-uk.org

The National Pharmacy Association has produced operating procedures for pharmacists dealing with the supply of injecting equipment and paraphernalia to drug users. Legal and ethical standards are included in the guide which can be downloaded from the NPA website – www.npa.co.uk

The Department of Health has issued guidance on obesity in children for parents. 'Why your child's weight matters', includes findings from the National Child Measurement programme, details health problems related to obesity in childhood and explains how the whole family can keep healthy.www.dh.gov.uk

The MHRA is consulting on proposals to ban the sale, supply or importation of unlicensed medicinal products for internal use that contain Senecio species. The Herbal Medicines Advisory Committee has advised there is a clear risk to the public if they take Senecio.
www.mhra.gov.uk

Digital thermometer from Kamillosan

Goldshield has extended its Kamillosan brand with the launch of a baby thermometer. Designed in the shape of a dummy, the thermometer has a sensor in the teat and features a digital display.

The thermometer gives readings in two minutes with an accuracy of ±0.1°C. Taking the temperature via the mouth is said to be more accurate than from the armpit or forehead.

Supporting the launch, PR activity is running throughout the year. The new product is expected to benefit from customer loyalty to the other Kamillosan products: ointment for sore nipples and nappy cream.

Price: £5.99 (launch offer £4.99)
Pip code: 323-3392

Product info:
Ceuta Healthcare
Tel: 01202 780558

Lubramine cream for creaking joints

Lubramine cream has been launched by Goldshield. The fast acting topical treatment offers relief from stiff muscles and joints and supports the long-term benefits of Lubramine joint health capsules, says Goldshield.

Lubramine, containing celadrin, is a natural blend of essential fatty acids, clinically proven to reduce the damage to joints caused by everyday wear and tear, says Goldshield. The fatty acids are thought to help replace lost fluid in the joints, promote joint health, and improve mobility and flexibility.

There is £500,000 worth of marketing activity aiming to boost brand awareness and drive sales.

Arthritis Care Week runs from April 21 to 27.

Price: £14.99/50ml
Pip code: 318-7416

Product info:
Ceuta Healthcare
Tel: 01202 780558

Prostate particulars

A new edition of Understanding Prostate Disorders is available from Family Doctor Publications. The book explains what the prostate is, its functions and complaints.

Price: £4.75
Pip code: 326-8331

Product info:
Family Doctor Publications
Tel: 01202 668330

C+D's one minute interview with ...

Julia Anderton, brand manager for Stugeron

Who buys your Stugeron?
Mostly mums with children aged five and over, as well as adults who are prone to travel sickness. The brand is quite big in the sailing community too.

Why buy Stugeron?
It's the market leader in the travel sickness category with a renowned reputation. Out of all motion sickness remedies it is least likely to cause drowsiness. One dose lasts eight hours so it has very good efficacy. It can be taken from the age of five years, younger than many competitor products.

How can pharmacies sell more?
With good merchandising and product knowledge. When mums come in looking for a solution be aware of Stugeron's differentiating benefits. Link sell with other travel-related products when the opportunity arises.

When did you last buy something in a pharmacy?
Yesterday.

Are there any brand innovations in the pipeline? Or a dream innovation you'd like to see?
Not at the moment. My dream would be a new format to appeal to those who don't like tablets, a melt in the mouth product.

Who is your brand spokesperson?
We don't have a spokesperson as such but Kris Murrin, presenter of the Honey We're Killing the Kids TV programme, has given her backing to our Families in Motion campaign this year.

Who would be your fantasy celebrity spokesperson?
Yachtswoman Ellen MacArthur.

Interested in appearing in C+D's **one minute brand manager interview?** Contact Lesley Ribbens on 01732 377600 or email lribbens@cmpmedica.com

Breakthrough cravings hit by double whammy

Pharmacists can now recommend combining the Nicorette patch with either the brand's gum or inhalator products to boost smokers' chances of quitting. The practice is recognised by Nice and studies have shown the method is up to 50 per cent more effective than single dose NRT at 12 weeks.

According to Pfizer, the principle is to provide the smoker with a background level of nicotine from a patch, supplemented by a burst of nicotine from either of the oral formats to cope with breakthrough cravings.

Patients with a history of failure in quit attempts using a single NRT product should be recommended the method. Research has found it to be well tolerated, with no evidence to suggest a combination of NRT products poses a significant health risk.

Pfizer reminds pharmacists to be aware of the products' SPCs when recommending combination therapy.

Product info:
Pfizer Consumer Healthcare
Tel: 01304 616161

Kwai's TV debut

Garlic supplement Kwai is making its TV debut this month. The national £450,000 campaign shows the sort of healthy, active lifestyle enjoyed by over 50s taking Kwai as part of their heart care regime.

The brand is celebrating its 25th birthday this year.

Product info:
Ceuta Healthcare
Tel: 01202 780558

Products in brief

Findus joins VMS market

Findus has launched an omega-3 capsule, Mega03, containing omega-3 extracted from fish oil. The launch is backed by a £2 million press, print and online campaign and the product is endorsed by the David Beckham Academy. Sales are via a dedicated website. Findus, tel: 0191 202 1258 www.megao3.com

Spot On gesture of love

TV advertising for Frontline Spot On, the flea treatment for cats and dogs, begins this week. The national campaign runs until October and is based on the gesture of love that owners bestow on their pets, says Merial.

The brand boasts strong customer loyalty with 88 per cent of pet owners using the brand for more than two years, reports Merial. The small animal ectoparasiticide market is the largest sector in the UK veterinary health industry and Frontline is the leading brand, adds the company.

A TV campaign last year reached around four million women with children. POS materials are available.

Product info:
Merial
Tel: 0870 6000123

Products advertised on TV next week

Deep Heat: All areas except five
DulcoEase: C4,GMTV,Sat
Frontline: GMTV, Sat, Five
Gaviscon Double Action: All areas
Haliborange Omega-3: GMTV, Sat
HemoClin: GMTV, Sat
Kwai: C4
Listerine: All areas
Lyclear SprayAway & Repellent: GMTV, Sat
Seabond: All areas
Zovirax: All areas
PharmaSite for next week: Zantac – Windows, **Zantac –** In-store, **Zantac –** Dispensary
Pharmacy channel: Vega Nutritionals, elave, Complan, Ibuleve

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Summer

A new vaccine could revolutionise the way hayfever sufferers are treated in the UK, reports **Helen Boreham**

The sneezing, sniffling and streaming eyes signalled by the start of yet another hayfever season may soon be a thing of the past for some sufferers, thanks to a revolutionary new pollen vaccine now available on prescription in the UK. This important new option for the 50 per cent of hayfever sufferers afflicted by grass-induced symptoms contains an allergen extract from the grass pollen Timothy (Phleum pratense) which works to induce a protective immune response that reduces, and potentially halts, the allergic reaction. What makes Grazax unique is its fast-dissolving oral tablet formulation, which means hayfever sufferers can be effectively 'vaccinated' against the culprit pollen simply by dissolving a tablet under the tongue daily in the months leading up to the hayfever season. In clinical trials, Grazax reduced hayfever symptoms by around a third, cut the need for symptom-relieving medication by 38 per cent and improved sufferers' quality of life.

Vaccine science

As the front-line of hayfever care, pharmacists are fully familiar with the current repertoire of hayfever products available over the counter – which includes antihistamines and steroids in the form of tablets, sprays and eye drops – and understand their mechanism of effect. However, unlike these traditional treatments for hayfever, which simply alleviate symptoms, Grazax marks a new approach to allergy treatment known as immunotherapy. Immunotherapy is recognised by the World Health Organization as the only treatment to tackle allergies such as hayfever at their underlying cause.

Vaccination is a familiar concept where combating viruses and bacteria are concerned, but less so when it comes to allergy. While vaccination against infectious disease is concerned with stimulating antibodies against a particular pathogen to confer protection in subsequent encounters, allergy immunotherapy is focused on 'correcting' the excessive immune responses to pollen which occur in hayfever sufferers. This is achieved by restoring the balance of activity of two key white blood cells involved in the immune system – Th1 and Th2 lymphocytes. Over-activity of the Th2 type is thought to cause the symptoms of allergy, hence immunotherapy intervenes to counter-stimulate the Th1 cells and/or dampen down the activity of the Th2s.

Side effects and safety

As with any POM medicine, pharmacist awareness of the side effects and safety of Grazax is key to dispensing advice and reassurance to on-treatment patients. Grazax is not suitable for hayfever sufferers with severe asthma, cancer, immune system illnesses or an inflamed mouth (by virtue of its route of administration). Patients who may experience problems with Grazax, and therefore should take special care when taking this treatment, include those with a severe fish allergy and customers having undergone recent oral surgery – such as tooth extraction. In this case, Grazax treatment should be stopped for seven days to allow the mouth to heal.

The most common side effects to look out for with Grazax usually arise as a result of an allergic reaction to the grass allergen in the tablet. Symptoms therefore include itching in the mouth and ears, irritation of the throat, sneezing and swelling in the mouth. In most cases, the side effects last from a few minutes to hours after taking the first dose and settle down within a week of starting treatment. In some cases, a severe anaphylactic reaction to Grazax can occur, in which case the person must be urged to seek immediate medical attention. Key signs and symptoms to be aware of, and alert for, include:

- swelling of the face, mouth or throat
- difficulties in swallowing
- rash
- difficulties in breathing
- voice changes, and
- worsening of existing asthma.

Pollen vaccines – future of treatment?

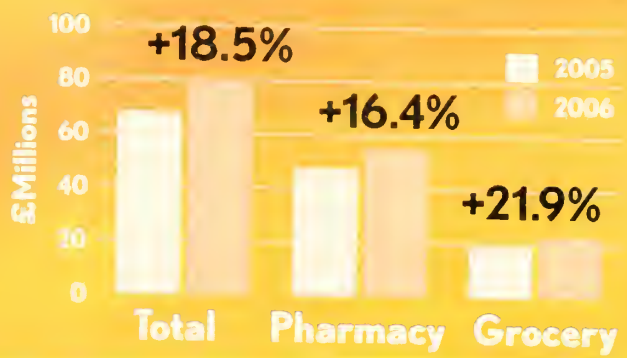
In addition to Grazax, other pollen vaccines already available in the UK are the Pollinex vaccines. These are administered by a more traditional vaccination route – subcutaneous injection – and are available in two forms targeted against tree (alder, hazel and birch) pollen and grass + rye allergens. The world's first ever global allergy vaccine trial is also underway with a new version of Pollinex – Pollinex Quattro. This ultra-short course vaccine requires only four injections over three weeks and has the capacity to protect against hayfever induced by grass, tree or ragweed allergens.

Position among pharmacy products

In patients selected for hayfever vaccination, treatment with Grazax or one of the injectable vaccines is recommended to start at least eight weeks before the onset of the relevant pollen season. In this way, the hayfever approach mirrors management of the traditional flu season – where a prophylactic vaccination programme is initiated early in at-risk patients. Despite undergoing

health

Allergy category growth



Source: AC Nielsen Scantrack – MAT to 24.02.07

hayfever vaccination in early spring, patients on Grazax or other pollen immunotherapy may still need the occasional boost of symptomatic relief during the peak pollen months of the summer. Hence even vaccinated patients may turn to the pharmacy seeking the quick relief offered by standard OTC allergy medications.

According to Grazax's therapeutic licence, the vaccine is indicated for "treatment of grass pollen-induced rhinitis and conjunctivitis in adult patients with clinically relevant symptoms and diagnosed with a positive skin prick test and/or specific IgE test to grass pollen". Although many hayfever sufferers fall under this banner, cost, access and awareness issues are likely to mean that only a small percentage of patients actually receive pollen vaccination this year. Hence, for the majority of Britain's 12 million hayfever sufferers, pharmacy-purchased antihistamines and steroids look set to remain the linchpin of therapy, a view echoed by leading allergy product manufacturers. "The prospect of a pollen vaccine is certainly an exciting advance in the treatment of hayfever," notes Mike Russell of UCB. "However, for the vast majority of sufferers effective antihistamine products such as Zirtek are, and will continue to remain, the mainstay of treatment."

Target treatment

Pollen vaccination is a specifically targeted treatment, several rungs up the ladder from symptomatic relief, so considering who should get this 'gold standard' treatment is usually left in the hands of allergy specialists. Prodigy's latest guidance on allergic rhinitis, updated in summer 2006, indicates that treatment should depend on type and severity of symptoms, related conditions and personal preference. First-line treatments for mild intermittent hayfever are recommended as oral or intranasal antihistamines, progressing to intranasal corticosteroids as symptoms become more severe and/or persistent. Prodigy advises that immunotherapy should be considered in those patients whose symptoms are inadequately controlled by allergen avoidance or standard pharmacotherapy, those who have adverse effects to traditional treatments or hayfever sufferers keen to avoid long-term treatment.

In the UK, sufferers from hayfever due to grass pollen who fail to respond adequately to anti-allergy drugs are estimated to number in the order of 65,000 in the age range 16 to 64 years. As things stand, Nice has not yet spoken out on the issue of allergy, or who should receive Grazax or other pollen vaccines. However, it seems likely that the agency will be prompted to issue guidance sooner rather than later as more and more hayfever sufferers turn to their GPs seeking long-term solutions to the yearly anguish of pollen allergy.

Preparing for the 2007 season

In addition to Grazax, new products making their 2007 debut in the more familiar pharmacy domain include larger pack sizes of existing hayfever remedies. One established product, cetirizine, is now available GSL in packs of 14, up from the original seven-tablet size.

New packaging for Piriton and Pireteze is also being rolled out for the 2007 hayfever season. No new product launches are expected from Zirtek, Piriteze or Benadryl but ongoing marketing momentum will no doubt secure success of these brands into spring/summer 2007, fuelled by this year's prediction for an early onset and severe hayfever season.

"We know that the production of pollen is closely linked to temperature and rainfall," notes Professor Jean Emberlin from the National Pollen and Aerobiology Research Institute. "An early spring can mean that the pollen season comes early too."

Some tree pollen is already being detected, with low counts of hazel and alder in the air now, suggesting that the established trend for ever-earlier tree pollen seasons will continue. This year's season of birch pollen, one of the UK's most allergic trees, was expected to begin earlier than average too, starting in southern areas by the end of the third week in March.

A similar pattern can be seen for grass pollen where milder winters and warmer springs are also having an impact. "The weather has been unseasonably mild and wet so far this year and there has been no significant cold snap to halt grass growth," confirms Professor Emberlin. "So it would be fair to suggest that 2007 is likely to be a year of particularly high grass pollen counts."

With this less than rosy pollen picture for 2007, hayfever suffers will no doubt warmly welcome the introduction of Grazax as another effective weapon in the yearly battle against hayfever

Look out for Opticrom

Opticrom Allergy Eye Drops can help treat hayfever eyes, experienced by an estimated one in five people in the UK, says Sanofi Aventis. The product works by inhibiting the release of chemicals that cause the allergic reaction, says the company.

The brand claims the top two spots in the hayfever eyecare market with its 5ml and 10ml variants. Containing sodium cromoglicate, the product is said to work within two minutes.

The brand is being supported by a consumer focused PR campaign. POS materials are available.

Sanofi Aventis, tel: 01483 505515

Zirtek is blossoming

The Zirtek hayfever brand is set to benefit from a 'high profile' advertising and consumer PR campaign throughout the summer season, reports UCB Pharma.

National magazine advertising and taxis promoting the brand will raise awareness during the key sales period from May to September. Consumer competitions will reinforce the message via local press and radio. Pharmasite advertising is also scheduled to run.

The theme of the advertising will relate to that of the last two years showing the key benefits of Zirtek. It can be used to treat hayfever and other allergies and should be taken once daily by sufferers from the age of two years.

UDG, tel: 01773 510123

Cohesive image for Piriton and Piriteze

Piriton and Piriteze have been given a new identity, designed to modernise the products and bring cohesion across the range, says GSK.

A flower shaped logo featuring images of various allergies gives packs a focal point. The packaging is designed to convey a positive feel and promote a sense of control over allergy symptoms, adds the company. The design is expected to boost shelf stand out and aid consumer recognition while giving the brand a new lease of life.

The new packs will be phased in gradually with full distribution expected by the start of the hayfever season. Marketing support, expected to include TV, press and online activity, begins next month.

GSK's hayfever and allergy portfolio, also spanning Flixonase and Beconase, has been allocated a £3 million marketing budget for the 2007 season.

GlaxoSmithKline, tel: 0845 762 6637

Fast acting message from Benadryl hayfever capsule

Benadryl is driving growth in the hayfever and allergy market, claims Pfizer, growing at 26 per cent vs 19.6 per cent for the whole market. It holds a dominant 16 per cent share with a market value of £14.5 million.

Benadryl Allergy Relief (acrivastine) is said to be the fastest acting hayfever capsule. Its sales are increasing by 25 per cent year on year.

This year will see a £3m marketing investment made in the Benadryl brand, spanning TV and outdoor advertising, PR and direct marketing. TV ads will convey the 'Fastest acting allergy capsule' message. POS and training materials, including the updated Allergy module are available. For free modules, email: traininguk@pfizer.com or call: 01737 331164.

Pfizer Consumer Healthcare, tel: 01304 616161

It's a jungle out there

Two new products have joined the Jungle Formula line up of insect repellent products. Extra Strength Lotion contains 50 per cent Deet, the optimum level recommended when travelling to malarial areas, and the new Pump Spray comes in a convenient 75ml format. The Jungle Formula range is endorsed by the Hospital for Tropical Diseases and provides a range of options for use in the UK and different foreign destinations. A Bite and Sting relief product, in spray and patch formats, is also available.

Price: Extra strength lotion £6.59/125ml; Pump Spray £5.49/75ml

Uberfarm, tel: 01480 421808

T&R cares for bites and stings

A new treatment for bites and stings has been launched by Thornton & Ross under its Care banner. Stingose Spray contains aluminium sulphate to relieve pain and reduce the effects of stings and bites from bees, wasps, jellyfish, mosquitoes, nettles and other stinging plants. It should be applied as soon as possible after the bite occurs.

As a trade launch deal, T&R is offering 20 per cent off one outer containing six packs or 25 per cent off two outers of Stingose. Price: £3.99/25ml

Pip code: 326-2714

Thornton & Ross, tel: 01484 842217

"A NASAL SPRAY FOR ALL HAYFEVER SYMPTOMS?

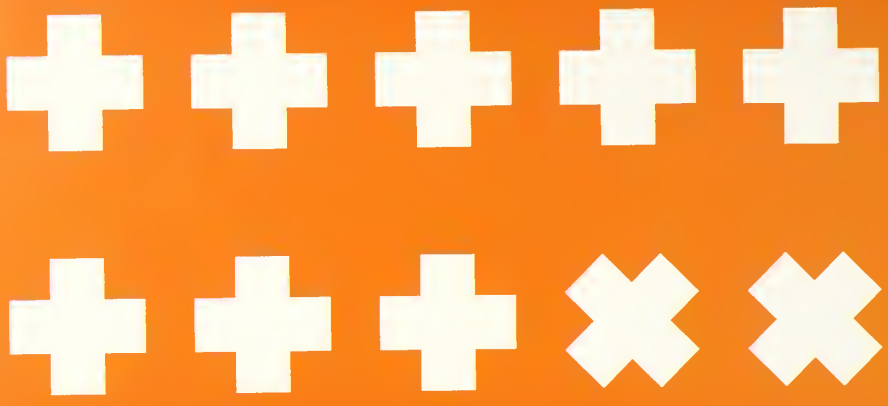
YOU'RE HAVING A LAUGH!"

Some customers think a nasal spray is just for nasal symptoms. So make sure they know that times have changed for hayfever treatment. A once daily dose of Flixonase Allergy Nasal Spray is effective for itchy eyes[1-4,10-12] and beats once daily antihistamine tablets hands down on relieving sneezing, runny nose, nasal congestion and groggy head.[1-9] What more could they want?

No hayfever treatment is more effective without prescription

fluticasone

Flixonase Allergy Nasal Spray Product Information. Presentation: Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. *Adults and the healthy elderly:* Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. *Children under 18 years:* Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not be used for more than 3 months continuously without consulting a doctor. Consult doctor before use in: concomitant use of other intranasal products, untreated infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant increase in exposure to fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. The risk of systemic adverse effects is related to fluticasone propionate. **Side effects:** Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylaxis, bronchospasm, reactions and bronchospasm. Very rarely glaucoma, raised intraocular pressure and cataract. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use except with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **Product licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.99. **Date of preparation:** June 2006. **FLIXONASE®** Face and Air Device are registered trade marks of the GlaxoSmithKline group of companies. **References: 1.** Ratner PH *et al. J Fam Pract* 1998; **47**: 113–125. **2.** Sindher WE *et al. Ann Allergy Asthma Immunol* 1998; **80**: 15. **3.** Kalkidou SM *et al. Arch Intern Med* 2001; **161**: 2581–2587. **4.** [illegible] *J Allergy Clin Immunol* 1996; **97**: 538–595. **5.** Gehanno P, Deslougeres J. *Allergy* 1997; **52**: 445–450. **6.** Weiner JM, Abramson MJ, Puy RM. *BMJ* 1998; **317**: 1624–1629. **7.** Forest A. *Allergy* 2000; **55 (Suppl 62)**: 12–14. **8.** Sindher WE *et al. J Fam Pract* 1994; **38**: 14–22. **9.** Vervloet D, Charpin D. Desloughères J-L. *Clin Drug Invest* 1997; **13(5)**: 291–299. **10.** [illegible] *Clin Exp Allergy* 2004; **34**: 952–957. **11.** Van Bever H *et al. Ann Allergy Asthma* [illegible] 1991; **78**: 126. **12.** Dartell R *et al. Clin Exp Allergy* 1994; **24**: 1144–1150.



Recent independent research has shown that 8 out of 10 pharmacists recommend Bio-Oil® for scars and stretch marks.*

Bio-Oil® is a specialist skincare product that is clinically proven† to help improve the appearance of scars and stretch marks. It should be applied to the affected area twice daily. Bio-Oil is available at Enterprise, UniChem, AAH Pharmaceuticals, Numark Trading Ltd and other leading wholesalers. Also available in the Republic of Ireland. Made in RSA. www.bio-oil.com

*The Thinking Shop, 2006
†Photobiology Laboratory MEDUNSA, 2006

A Uni-in-Swi s product di tributed by Keyline BRANDS LIMITED

Here comes the sun

We all like to see the sun but **Gavin Atkin** explains there are real dangers in staying outdoors too long without sun protection

The damage the sun can cause

One of the most obvious effects of the sun's rays is sunburn due to UVB exposure, which is associated with skin oedema and pain, with vasodilation and erythema that makes the affected skin warm to the touch. The skin may blister where the burning is severe.

Also, the skin may temporarily thicken and tan in response to exposure to the sun's rays. Both of these effects are believed to be photoprotective.

Over time, skin exposed to the sun becomes permanently aged, with a deeply wrinkled leathery quality, mottled colouring, a dramatic loss of elasticity and recoil, and frequently pre-malignant lesions called solar keratoses are seen. Skin ageing due to age only produces fine wrinkles, the skin is smooth and uniform in colour, and the loss of flexibility is much smaller.

The skin may react to sunlight in a variety of other ways, including polymorphic light eruptions and actinic prurigo, genetic conditions and phototoxicity due to drug treatments. A variety of dermatoses including lupus and pemphigus may also be exacerbated by sun exposure.

Less obvious, however, is the link between sun exposure and skin cancer, which is partly due to DNA damage. Light damages DNA both directly and by giving rise to reactive oxygen species that in turn cause oxidative lesions.

Cells protect themselves from the results of this damage either by inducing cell death through apoptosis, or by DNA repair; however, these processes may not be fully effective, leading to many of the biological effects of UV light on skin.

The increased risk of skin cancer may also be partly due to down-regulation of the immune system. The consequent loss of immunosurveillance is thought to contribute to the development of skin cancer. Further, cold sores caused by herpes simplex virus are often found in sun exposed areas of the skin, and human papilloma virus is often found in sun exposed skin and is thought to be a possible co-carcinogen involved in the development of skin cancers.

How sun creams work

The range of sunscreens on the market today is huge, and it can be difficult for customers to know what to buy – it may even be difficult to provide them with worthwhile advice.

The ultraviolet (UV) light that reaches ground level on earth is divided into UVA and UVB.

UVA rays are not absorbed by the ozone layer and penetrate deep into the skin, where they cause premature ageing and contribute to the DNA damage that causes cancers. UVB rays are a major cause of cancers and are also the main cause of sunburn; they are partially absorbed by the ozone layer but due to its thinning a greater proportion of these rays are penetrating the atmosphere to reach the skins of humans on the surface of the planet.

The ozone layer is not expected to regain some of its original thickness and absorbency until the later part of this century, so the ability of sunscreens to protect the skin from UVB is much more important than it was a few decades ago, while awareness of the importance of defending vulnerable skin from UVA has also greatly increased.

Today, sunscreens are formulated using a mixture of compounds designed to protect against the sun's rays, some of which work by absorbing the UVB rays (such as avobenzone and benzophenone) and UVA rays (aminobenzoic acid and octocrylene), while others by reflecting them (zinc oxide and titanium dioxide). Some of these ingredients may cause skin reactions in some users.

Consumers should be advised to look for what are called broad-spectrum suncare protection products with an SPF of at least 15 and at least four UVA stars. Both of these should now be indicated on the labelling.

According to the charity Cancer Research, most creams will last for two to three years, and so while customers can use products that have over-wintered in their bathroom cabinets from last year, a bottle from five years ago is due for the dustbin.

Rating systems

Two rating systems are in common use in the UK: the Sun Protection Factor (SPF) for the UVB component of light, and the star rating system for UVA rays.

Most authorities recommend sun creams with an SPF of at least 15, and add that consumers should be aware that a cream with an SPF of 30 is not twice as effective as an SPF15 cream: the SPF15 cream protects the skin from 93 per cent, an SPF30 gives 97 per cent protection.

The star used in the UK to rate UVA protection is much less easy to understand than the SPF rating because each of the five stars is related to the same cream's SPF factor. In practice, a sun cream with a high SPF factor and three stars may actually give more UVA protection than a lower SPF cream with a four-star rating.

Malibu flies high

Malibu is following the trend for higher SPFs with the launch of an SPF50 Very High Protection lotion. The fragrance-free, non-whitening product is available in two sizes: 200ml and 100ml retailing at £5.99 and £4.99 respectively

Also new are some 100ml products in the company's most popular lines. These have been launched in response to the restrictions on the volume of liquid toiletries which can be taken onto aircraft in hand luggage. They are also ideal for keeping in the car, handbag or sportsbag, suggests Malibu. The 100ml products include dry oil sprays, protective lotions, lotion sprays and after suns.

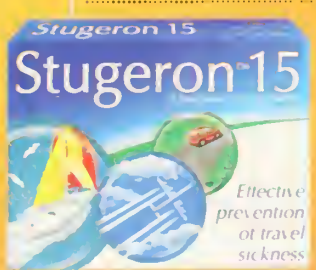
Malibu Health Products; tel: 020 8758 0055

Travelling with Traveleeze

Traveleeze soft and chewy pastilles are still reaping the benefits of last year's national TV advertising campaign, experiencing strong growth in the travel sickness market, reports Ernest Jackson. Containing 12.5mg meclozine HCl, the P product has a strawberry flavour and can prevent travel sickness for up to 24 hours. Sugar free, the pastilles can be taken from the age of two years.

Ernest Jackson & Co; tel: 01363 636100

Safer driving with Stugeron



Travel sickness product Stugeron has teamed up with the RAC Foundation for a campaign aimed at reducing the distraction of motion sickness.

In a survey by the brand, 63 per cent of parents admitted using unsafe driving behaviour to help a carsick child. Many reported stopping on the hard shoulder of a motorway or speeding up to reach their destination more quickly. Just over 10 per cent said they turned round to help a child without stopping.Media coverage will convey the message to parents.

McNeil; tel: 01494 450778; www.stugeron.co.uk

Questions and **answers**

How do budget options compare with the more expensive brands?
"The budget options are not likely to have the level of UVA protection afforded by the more expensive products as the UVA sunscreens are quite expensive. So while the budget options will stop you from burning, they allow you to stay out longer in the sun without burning and hence you get a far greater dose of UVA than the skin should have. This was the situation back in the 1970s and early 1980s where we stopped the skin's natural defence mechanism (reddening) from warning us that we need to get out of the sun, and allowed the UVA to induce the cancers which can take 15 years or more to be detected. This is proven by the current increase in skin cancers being detected in people who used such creams 15 to 20 years ago."
LPC Medical, maker of the Uvistat range of suncare products

What products should specialist groups, such as sports people, swimmers and yachtsmen use?
"Everyone should be aware of the facts about skin cancer. It is especially important for parents to protect their children from the sun, as children's skin is more sensitive. Also people who spend a lot of time outside (builders, sports people etc) should take precautions."
Cancer Research UK

"A swimmer should use a water-resistant product; it would be helpful for a sailor too. All three categories should use a high sun protection factor, which has a five star UVA protection, in order to get the best defence from the harmful sun rays which can cause burning and skin cancer."
LPC Medical

"The type of product to be used strongly depends on the preferences of the consumer. For all kinds of water-sport activities a good water resistance is of course crucial. For other sport or outdoor activities we recommend our brand new Nivea Light Feeling Lotions, which quickly absorb into the skin and do not leave a sticky feeling on the skin."
Nivea, maker of the Nivea Sun range

What about allergies?
"Most people who suffer from 'sun allergies' usually have polymorphic light eruption (PLE) caused by sun on skin, and less than 10 per cent have the so-called Mallorca acne, a reaction believed to be caused by degradation of ingredients in sunscreen formulations in combination with UV light on skin.

"With Nivea Sun Products we always test to ensure this does not happen. PLE is believed to be caused by free radicals in the skin, which are due to UVA radiation, and therefore a good UVA protection will help those patients.

"People who suffer from sun allergy should protect themselves from UV (mainly UVA, but also UVB) and should use products with radical scavengers such as alpha flavon and vitamin E before they go into the sun."
Nivea

How can pharmacists maximise sales of suncare products?
"As a manufacturer, we recommend that after-sun products are merchandised alongside protection products to remind customers about looking after their skin after exposure to the sun too."
Nivea

How far apart are the public's perception of the dangers and the reality?
"This is difficult to answer, but more people die of skin cancer in the UK than in Australia, where there has been an intense programme of public awareness campaigning for the past 30 years. Therefore a lot of work still needs to be done in the UK to raise awareness of the dangers of skin cancer. That the incidence of skin cancer in the UK has doubled in the last 20 years suggests that the public still do not fully appreciate the danger."
Cancer Research UK

What is the purpose of low SPF products? Don't they mislead the public?
"A low SPF factor is better than no SPF factor. The British public still mainly holds to the concept that 'I have paid good money for this holiday and I am going to go home brown'! This can drive panic tanning, which is more likely to result in burning. A gradually-gained tan, without any burning, is likely to last far longer than one gained through burning, and is far safer in the long run. As long as consumer education is increased and products are labelled well, low SPF sun creams not so much mislead the public as allow them to understand the risk that they are taking."
LPC Medical

"In the Nivea range the low SPF products (SPF2 and SPF4) are clearly differentiated from the rest of the assortment by the colour code, which is brown. They are clearly positioned for people who are already pre-tanned or have a darker skin, and who have a focus on tanning more than protection. These products filter 50 and 75 per cent of the UV radiation respectively, so they give a relevant protection. These products are not misleading since they deliver exactly what is claimed and we clearly recommend the use of higher SPFs for intensive stay in the sun."
Nivea

What is the way forward in this area? What can health professionals do, how can the public be persuaded? Is fear of cancer the appropriate driver, or premature ageing?
"It is important for health professionals to help raise awareness of skin cancer and its signs and symptoms and encourage people to see their GP if in any doubt. Also retailers such as Superdrug are setting a great example by supporting SAFE and providing information on the campaign in its stores. Pharmacists can play a crucial role in raising awareness of skin cancer and its signs and symptoms by letting their customers know the facts and encouraging people to see a doctor if they think they may have skin cancer."
Cancer Research UK

Sunny summer outlook?

Lynne Henshaw, Numark's OTC controller, says: "Looking at the market data, the picture doesn't look too bad for pharmacy overall, however the figures I have include Boots and Superdrug, so it is impossible to say from this how independent pharmacy is stacking up.

"My impression is that independent pharmacy could do better. Boots and Superdrug are geared up for themed promotions instore. They not only put out point of sale for Christmas, Mother's Day, Valentine's Day, etc, they also use themed seasonal promotions. This increases the awareness amongst their customers of holidays, allergies, summer and so on – months in advance of the season. Independent pharmacy must stop ignoring their OTC business. Not only does a well-merchandised store invite customers in, but well-highlighted, themed promotions encourage customers to purchase more than originally intended.

"If your pricing and promotions are strong enough, they will continue to come back month after month to seek both advice and price on products. They are also much more likely to bring their prescriptions to you too.

"The grocers are still in business because they are giving the customers what they want – and what they didn't realise they wanted! Isn't it time we started taking some of our customers back?"

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Care

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Keeping feet in tip top shape

The Carnation footcare brand is calling on pharmacists and their staff to put a spring in customers' feet for the summer season. Warmer weather triggers the move to open footwear and the need for feet to look their best, says Carnation.

The range includes corn caps, a corn and callous file, blister care, bunion pads and a triclosan-containing range of antiperspirant foot spray, odour controlling foot spray and a deodorising shoe spray. The range is set to grow with a product launch planned for the spring. Details were not available when C+D went to press.

Carnation says it is continuing to work with the Ceuta Healthcare salesforce to build and develop relationships with pharmacies.

Carnation, tel: 0800 018 7117; www.carnationfootcare.co.uk

New options for hayfever sufferers

Pollenshield is a newcomer on the hayfever fixture. Launched by Actavis earlier this year, the product contains 10mg cetirizine HCl. It is a non-drowsy antihistamine with few side effects or interactions, says Actavis. Hayfever sufferers aged six years and over should take one tablet daily.

Actavis, tel: 01271 311200

Sun, sea sickness and first aid with Numark

Numark is launching a suncare range this year including SPF15, 25 and 30 variants, and an after-sun, Aloe Vera Intense Cooling Gel. The protective products boast water resistance and are said to be suitable for sensitive skin. 'Peel and seal' labels offer consumers additional advice on sun safety. The after-sun product contains ProVitamin B5 and witch hazel to soothe, cool and moisturise sun exposed skin. It can also be used as an all year round cooling gel, says Numark.

Point of sale materials are available to Numark members. For consumers, a 'buy an SPF and after-sun for £5.99' promotion is running. Also new is Numark Travel Sickness Relief (cinnarizine; £2.19/15), bolstering the company's holiday offering which includes anti-diarrhoea capsules, rehydration treatment, antihistamines, insect repellent, and others.

Numark's first aid kits are relaunching this month. For minor emergencies, the On the Move mini first aid kit (£1.49) comprises a plastic wallet containing three self adhesive low adherent wound dressings, alcohol free cleansing wipes, insect repellent wipe and an assortment of plasters. For travellers, a larger option supplied in a green bag (£4.49) includes an assortment of bandages, plasters and dressings, alcohol free cleansing wipes, safety pins, and microporous tape.

Numark, tel: 01827 841200

Active message from Daktarin

Daktarin Aktiv, formerly Daktarin Dual Action, is hoping its new name will appeal to active consumers while conveying a strong efficacy message.

The brand holds a 28 per cent unit market share and sales grew 35 per cent against the last year during the summer while the spray powder was up 12 per cent on the full year, reports McNeil (source: IRI unit sales, Dec 2006).

Earlier this year Daktarin Ice Cooling spray was launched, which is being supported by television, PR, sampling, direct mail and internet activity. A 'Save the feet' campaign is running, highlighting the pounding women's feet take from an active lifestyle and fashionable footwear. A website goes live next month, www.savethefeet.co.uk.

McNeil, tel: 0800 032 8258

Wartner's dual personality

Wartner's cryotherapy product has been relaunched in modern consumer friendly packaging. At the same time, the product has been split into two variants: one for verrucas, the other for warts. Both contain up to 12 treatments.

Research carried out by Chefaro's parent company, Omega Pharma, revealed consumers find it logical and appropriate to have separate wart and verruca products, as the latter are perceived to be more difficult to eliminate.

Television advertising to support the new variants is scheduled for the summer.

Price: Wart remover £11.95; verruca remover £12.95

Chefaro, tel: 01480 421808

Lanacane reaps TV rewards

Itch relief product Lanacane Medicated Cream is reaping the benefits of its first national TV campaign of 2007, reports Combe International. Support for the brand this year stretches to £750,000, which will see further TV in all areas throughout the summer months.

As well as treating insect bites and stings, heat rash and nettle stings, the cream can be used for external vaginal and rectal itching, cuts, scrapes and skin chafe.

A medicated powder variant is also available together with the hydrocortisone-containing Lanacort for allergic skin reactions, eczema and skin irritations.

Combe International; tel: 020 8680 2711; www.lanacane.co.uk

Activity boost with Multibionta

Multibionta Activate can help consumers enjoy summer to the full, says Seven Seas. The product contains probiotics, multivitamins and minerals together with ginseng and CoQ10 to support the digestive system and release extra energy. It is said to unlock extra energy and help to cope with the stress of preparing to travel. Unlike many probiotics, the product does not require refrigeration so is easy to take on holiday.

The product recently appeared in a national television advertising campaign. This summer, the brand is joining forces with the British Olympic Sailing Girls, Sarah Ayton and Sarah Webb, for an 'extensive' PR campaign aiming to encourage awareness around maintaining everyday energy all year round, says Seven Seas.

Seven Seas Healthcare, tel: 01482 375234


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*Gillette National Consumer Study UK 2005
**Source IRI, all outlets, 5 w e 25 February 2006
***Nielsen Media Research September 2006
Consumers and retailers agree, Gillette® is the first choice for women.
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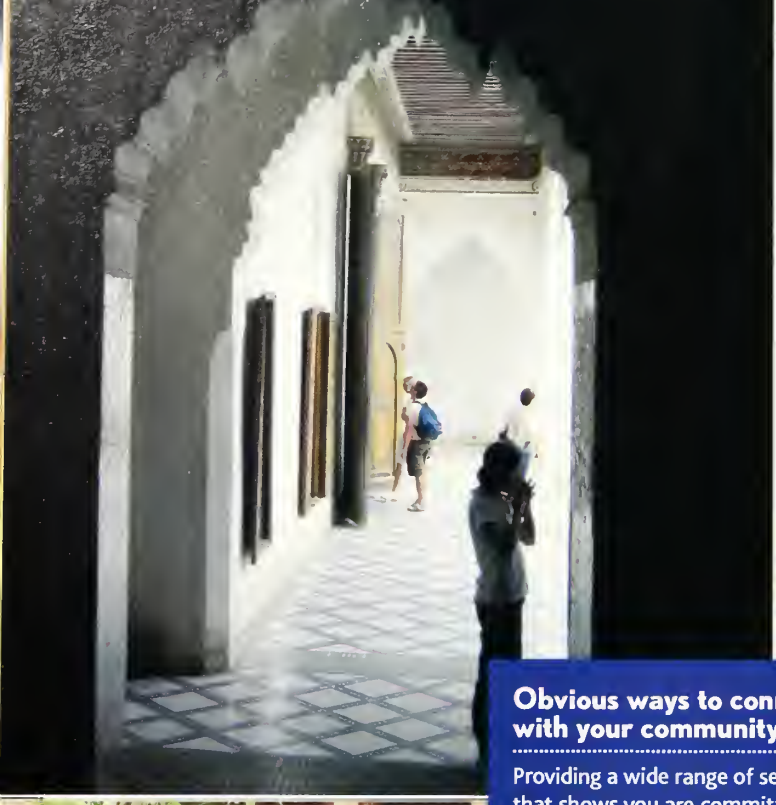
Capital ideas

From social capital to collaboration, ideas abounded at Avicenna's Marrakech conference. Fiona Salvage reports



Social capital is more valuable than you might at first realise and it definitely isn't about Prague.

UniChem managing director David Coles told delegates that social capital is "a core concept in business, economics, organisational behaviour, political science and sociology, defined as the advantage created by a person's location in a structure of relationships. It explains how some people gain more success in a particular setting through their superior connections to other people".

Why is social capital important? Mr Coles revealed some essential learning points from a favourite management book of his: The Seven Habits of Highly Effective People, by Stephen R Covey. They were:

- Be proactive – make it happen.
- Begin with the end in mind – have a goal.
- Put first things first – prioritise/time management.
- Think win–win – you'll get more done if it benefits you and them.
- Seek first to understand... then to be understood – empathise first before jumping in with your demands.
- Synergise – try and find all the other ways of doing something.
- Sharpen the saw – reflect on what you've done.

But half of our success is about social interaction and true success is about getting the balance right between personal and professional effectiveness. "Social capital is a really important thing – without it you're not engaged and not moving forward."

But how does this work in community pharmacy? You need to step outside the pharmacy, he told delegates. Social capital is developed through relationships with GPs and PCTs, most obviously, said Mr Coles, but less obviously through the wider community. Using examples from community pharmacy, including one of Avicenna's members, Mr Coles showed how to build and develop social capital.

Obvious ways to connect with your community

Providing a wide range of services that shows you are committed about healthcare, but also think outside of the box – use health projects to get to know your community more closely. These create a 'ripple effect', especially when its not just one type of service. For example, diabetes, smoking cessation, weight management and osteoporosis.

Less obvious ways to connect with your community

Avicenna member Sohail Rajput is involved with the Aberdovey First Responders Unit and the Coastguard. His view: "None of us exist in isolation, it's a dynamic environment – a shifting carpet. It's my community, my public, my extended family if you like. You need to get a finger on the pulse of the community – get engaged."

Avicenna board member Uma Patel is a member of the Windsor and Eton Rotary Club and has raised more than £150,000 in the last five years for local and international charities.

Reverend David Croucher, Isle of Wight, is the pharmacist and local reverend and very well connected in the community.

Ideas from Avicenna members on ways to increase social capital:

- Get involved with the local residents association if they invite local shops to join.
- Get in touch with your local school and offer to talk to the pupils about health matters such as headlice, healthy eating and weight. Use visual images such as the lungs of a non-smoker and those of someone who has been smoking for 10 years. These create ripple effects through pupils and through to parents.

The pharmacist's **role**

Community pharmacists do have a role to play in public health, and this role is becoming more important as threats to public health increase, Professor Mala Rao, director of public health from the Department of Health, told Avicenna delegates in Marrakech.

Key issues include obesity, lack of physical activity, poor eating, excess alcohol consumption, smoking, teenage pregnancies and STIs, she said.

But pharmacy doesn't have to wait to be asked to participate. "This is your time," she said. "Pharmacists are polite and wait for permission. Don't," adding that the profession needed to go to PCTs to ensure they know your unique skills and that you're in there for PBC.

She encouraged delegates to consider putting forward medicines counter assistants to become 'health trainers'. As pharmacy staff are usually from the community they serve, they can offer non-threatening 'advice from next door' rather than being another 'professional' advice giver, she said. DVDs are being prepared for pharmacy work-based learning, she added. Currently there are 15 NHS health trainer hubs around the country, but Prof Rao told delegates that although coverage is at present "a bit patchy", agencies were working with the Department of Health to systematise the development.

If pharmacists were interested in staff training to be a health trainer, Prof Rao recommended that delegates:

- Find out through their PCT to which of the 15 hubs they belong.
- Find out who is leading the project in that hub and get in touch.

City & Guilds is accrediting the health trainer course and will be providing an exam to show the level of competence irrespective of where training had taken place. Health trainers will be examined to NVQ level 3.

However, Prof Rao warned that the biggest threat to public health was climate change. The NHS has immense procurement power and has an immense opportunity to become exemplar in reducing energy and increasing recycling and in partnering with local government. "I truly believe pharmacists have an opportunity to demonstrate leadership at every level," she said, adding that pharmacists needed to "get in there" with regards to commissioning and use their skills to "horizon scan" for new drugs.

Ask to look at your PCT's development plan, but also at what local developers are planning as these structures could impact on the community's health, she said.

She concluded by saying: "I believe the time has come for pharmacy to take centre stage. You deserve reward and recognition and it is yours to take, but make sure you take your share."

"Stop competing, start collaborating"

The way forward for community pharmacy is through collaboration not competition, said Hemant Patel, president of the RPSGB.

He urged delegates to "stop competing, start collaborating" in order to get a win–win situation, saying pharmacists need to collaborate with their staff and the staff need to collaborate with other community pharmacies in the area to develop a more participatory approach.

He told pharmacists to "raise your own game" and improve the standard of service in order to win friends and help protect against control of entry.

He questioned whether there should be a minimum number of MURs to complete, which if not met meant no payment would be made. "If you're not providing them you're not helping patients in taking their medication."

Mr Patel spoke of the threat that long-term conditions have on the health of UK patients and said this patient population of more than 15 million was ideal for community pharmacy to look after. However he warned that pharmacists need to be moving their focus towards treating individuals and from the patients' perspective rather than focusing on the medicines.

Don't forget about emerging technologies, he said, such as those to remind patients to take their medication. "Should we be thinking about telephone and internet services [to consult with patients] – why does pharmacy insist on face to face?"

"Be a practitioner, not a retailer"

"We all need to think of ourselves as practitioners – this is the future. We have knowledge that others don't have," Frank Owens, former chairman of SPGC, told Avicenna delegates last weekend.

The development of pharmacy services isn't to compete with the medical profession, it's to mimic what the GP does, he said. And using social capital to do this means getting engaged with the patients who use the services.

Prior to the new contractual framework in Scotland, there was a lack of data to prove how pharmacy contributed to health; however, pharmacy is now generating its own data and you can't argue with it, he said. During the first seven months of the minor ailment service in Scotland, more than 658,000 patients registered with a pharmacy of their choice, and this number is still growing at 45,000 per month. During this time, pharmacists conducted more than 775,000 consultations, yet the gross ingredient cost was only 0.15 per cent of the primary care drug bill, at a cost of around £2 per item.

Pharmacist prescribers (including those in training) in Scotland now number 600, with the majority of those community pharmacists. Why? The Scottish Executive feels that the patients are based in the community and not in hospital and therefore has funded supplementary prescribing places for community pharmacists. Mr Owens encouraged the 40 per cent who answered the Avicenna survey expressing a desire to train as a pharmacist prescriber to "go for it".

Frank Owens

C+D

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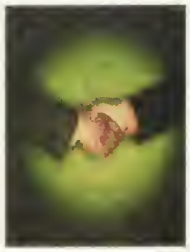

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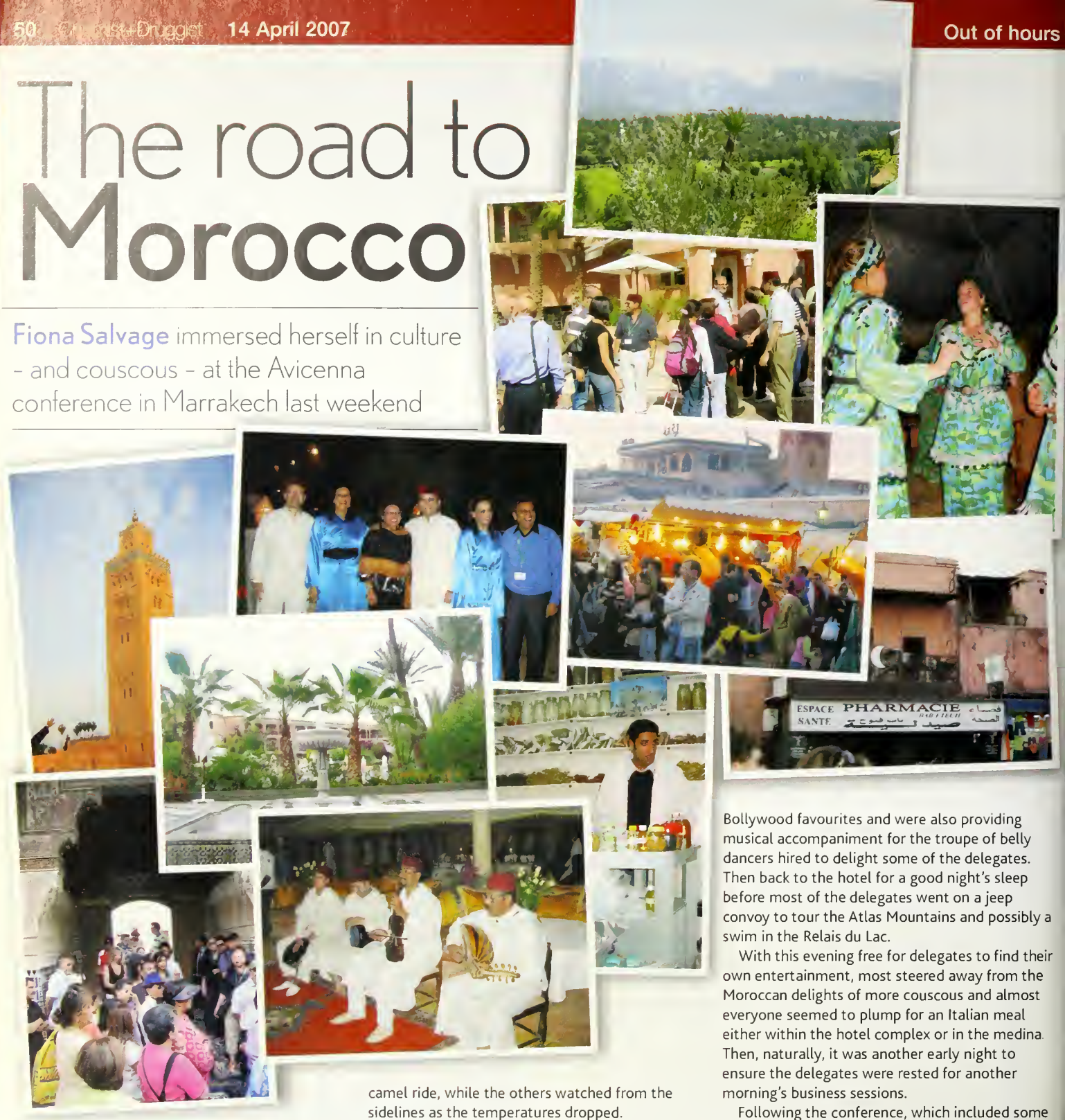
The road to Morocco

Fiona Salvage immersed herself in culture – and couscous – at the Avicenna conference in Marrakech last weekend



After a bumpy approach into Marrakech Airport and a painfully long wait in passport control, delegates attending the seventh Avicenna Conference had arrived at their destination. Then it was just a short coach ride to the hotel where they were greeted by Shiraz and Salim resplendent in their fezzes.

A freshen up and a wander around the environs later, it was off to Borj Bladi for a traditional festival Moroccan meal and entertainment laid on by Sigma Pharmaceuticals.

Dancers from the four corners of the Moroccan kingdom demonstrated their tribal dances and songs – which even involved three women sitting on unsuspecting male delegates!

After dinner the Fantasia show began, featuring armed horsemen in full combat dress showing off their agility; then some delegates braved a short camel ride, while the others watched from the sidelines as the temperatures dropped.

The first full day at the Palmeraie Golf Palace saw the first business sessions (see p44), then after lunch delegates were free to explore or digest the morning's talks. Meeting back at the hotel lobby at 5.30pm, delegates were transported to the medina (old town) for a walking tour, taking in the Koutoubia Mosque, the renowned Djemaa El Fna Square and then on to dinner at the Ksar El Hamra, sponsored by Colorama Pharmaceuticals. The hustle and bustle of the square with its snake charmers, tortoise sellers, freshly squeezed orange juice stalls and escargot stands was an attraction for tourists and locals alike. The narrow alleyways branching off the main square were likened to Delhi, Turkey, Bali and even west Croydon!

Dinner was served in beautiful surroundings, with traditional Moroccan carvings adorning the walls and intricately crafted lanterns hanging from the high ceilings. The Moroccan band took requests and delighted delegates with their renditions of Bollywood favourites and were also providing musical accompaniment for the troupe of belly dancers hired to delight some of the delegates. Then back to the hotel for a good night's sleep before most of the delegates went on a jeep convoy to tour the Atlas Mountains and possibly a swim in the Relais du Lac.

With this evening free for delegates to find their own entertainment, most steered away from the Moroccan delights of more couscous and almost everyone seemed to plump for an Italian meal either within the hotel complex or in the medina. Then, naturally, it was another early night to ensure the delegates were rested for another morning's business sessions.

Following the conference, which included some rather special dancing from board member Uma Patel to 'Ernie – the Fastest Milkman in the West', a BBQ lunch was devoured to fuel those going on the trip into Marrakech. After a trip through the beautiful Bahia Palace, once occupied by the grand vizier and his wives and concubines, the tour took in a demonstration of Moroccan rugs and then massages at the herbalist.

For some, the urge to shop was too great and a return trip to the souk was made, with just enough time on returning to the Palmeraie Golf Palace to get ready for the gala dinner, sponsored by UniChem, to find the obligatory dressing up clothes placed in everyone's rooms.

The gala dinner itself was mercifully couscous-free and delegates were entertained by (more) belly dancers, acrobats and tap dancers. But the highlight of the night for most was the announcement of the location of the next Avicenna conference – Mombasa in Kenya.

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